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Notice of Independent Review Decision

DATE OF REVIEW: JULY 19, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
MRI of the lumbar spine w/o contrast (72148)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
TDI

- Utilization reviews (05/07/10, 05/27/10)

Dr

- Office visits (06/08/09 - 05/12/10)
- Diagnostic studies (03/31/09, 05/11/09)
- Office visits (04/27/10)
- Office visits (05/12/10)
- Diagnostic test (03/31/09 – 05/11/09)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male who fell on xx/xx/xx, injuring his left hip and lumbar spine. Exact mechanism of injury is not known.

2009: On xx/xx/xx, x-rays of the lumbar spine were obtained for complaints of pain in the left hip and lumbar spine. The study revealed small ununited

apophysis of the anterior/superior margin of L4 and small Schmorl's node of the superior endplate of L5.

Magnetic resonance imaging (MRI) of the lumbar spine was obtained for left lower extremity radiculopathy and lower back pain/strain. It revealed a broad-based posterior disc bulge at L5-S1, which was most prominent to the left of the midline, measuring about 5 mm AP and disc material impinging on the left S1 nerve as it entered the lateral recess of S1.

M.D., evaluated the patient for pain in the lower back and calf. The patient was then referred to M.D., for complaints of low back pain and left lower extremity radicular pain in an S1 distribution. He noted the patient had not had any conservative treatment and had been symptomatic for three months. He recommended conservative treatment including physical therapy (PT) and pain management.

From June through July, the patient underwent eight sessions of PT consisting of therapeutic exercises and mechanical traction without any improvement. The patient was noted to have no lasting effects and had reported that the low back pain had worsened post therapy. Dr. suggested trial of steroid shots or surgery.

2010: In April, Dr. noted ongoing low mid back pain radiating into both the legs. Examination revealed decreased sensory and an abnormal gait. The patient was diagnosed with acute sciatica and was recommended steroid injections and repeat MRI of the lumbar spine.

On May 7, 2010, M.D., denied the request for an MRI of the lumbar spine with contrast based on the following rationale: *"The latest clinical note dated April 27, 2010, showed that the patient had complaints of continuing low back pain radiating to both legs with sensory deficits and an abnormal gait. Medical necessity was not established at this point as objective results supporting the finding of sensory deficits are not presented. A previous MRI was cited; current evidence–based literature recognizing to use repeat studies for cases of neurologic worsening. The lack of notes for comparison fails to establish a progression of neurologic deficits. A copy of the official MRI report was not presented for verification. The nurse's clinical summary indicated that an IRO report upheld a request for a repeat MRI. However, there are no copies of the said report for review. At this juncture, medical necessity had not been fully supported by the presented clinical data."*

On May 12, 2010, Dr. noted continued low back pain radiating into the bilateral lower extremities associated with sensory–motor loss. Examination revealed vertebral tenderness at the L4-L5 region with decreased range of motion (ROM), and abnormal gait and positive straight leg raise (SLR) bilaterally. The patient was diagnosed with acute sciatica, low back pain, and failure of epidural steroid injections (ESI). Dr. recommended a repeat MRI of the lumbar spine and referred the patient to Dr..

On May 27, 2010, M.D., denied the appeal for an MRI of the lumbar spine with contrast based on the following rationale: "*This is a review for medical necessity of the previous denied request for a repeat MRI of the lumbar spine requested for this patient who had a work-related injury on xx/xx/xxxx. The May 12, 2010, medical reports submitted noted motor/sensory deficits were present in the patient, but these remained unspecified. The rationale to repeat the requested procedure was not provided. Previous office visits reports were not provided for comparison to determine if there was worsening or progression of the cited neurologic deficits in the patient. The office report of the previous MRI submitted for review did not document any discrepancy in the results nor was there a recommendation to repeat the study at a later time for clarification purposes. There was still no copy of the cited IRO report mentioned in the nurse's clinical summary that upheld this request for a repeat MRI. At this juncture, medical necessity of the requested procedure is not fully supported by the clinical data presented."*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Based on the records received there appears to be neurologic progression as initial complaints included pain in the left lower extremity. Current symptoms described by Dr. include pain, numbness and motor loss in the bilateral lower extremities, which appears to be significantly more than the initial complaints. Therefore, this meets ODG criteria for repeat MRI.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES