



IMED, INC.

11625 Custer Road • Suite 110-343 • Frisco, Texas 75035
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 08/17/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Lumbar MRI

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas Board Certified Neurosurgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 09/23/08 - MRI Lumbar Spine
2. 09/23/08 - MRI Right Hip
3. 04/07/09 - Clinical Note -, MD
4. 06/16/09 - Clinical Note -, MD
5. 07/06/09 - Clinical Note - Unspecified Provider
6. 08/06/09 - Clinical Note - Unspecified Provider
7. 09/08/09 - Clinical Note - Unspecified Provider
8. 10/06/09 - Clinical Note - Unspecified Provider
9. 11/03/09 - Clinical Note - Unspecified Provider
10. 12/01/09 - Clinical Note - Unspecified Provider
11. 01/05/10 - Clinical Note - Unspecified Provider
12. 03/02/10 - Clinical Note - Unspecified Provider
13. 04/05/10 - Clinical Note - Unspecified Provider
14. 05/03/10 - Clinical Note - Unspecified Provider
15. 05/25/10 - Clinical Note -, MD
16. 05/27/10 - Pre-Authorization Request
17. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx when he stepped on a loose rock and twisted his ankle, nearly falling. The employee reported low back pain radiating to the right ankle the next day.

The clinical notes begin with a MRI of the lumbar spine performed 09/23/08 that demonstrated normal alignment of the lumbar spine with no compression fracture or metastatic process identified. There was moderate narrowing of the L4-L5 disc with a moderate amount of hypertrophic margination. There was no posterior protrusion from T11-T12 to L3-L4. There was approximately 25 percent encroachment on the neural foramina bilaterally at L3-L4. There was a 6 mm posterior disc herniation, predominately in the midline at L4-L5. There was a 2 mm posterior protrusion at L5-S1. MRI of the right hip performed 09/23/08 demonstrated no fluid or significant narrowing of the hip joint. The proximal right femur did not show fracture, metastatic process or aseptic necrosis. No subchondral cyst formation was seen along the femoral head or adjacent acetabular maintained. There was no evidence of induration, hematoma, or mass.

The employee saw Dr. on 04/07/09 with complaints of low back and right leg pain. He also reported numbness in the right great and second toes. The pain worsened with prolonged sitting, prolonged standing, coughing, and sneezing. Current medications included Vicodin 7.5/750 mg, Neurontin 300 mg, and Naprosyn 500 mg. Physical examination revealed positive straight leg raise on the right at 60 degrees. Knee and ankle jerk reflexes were intact and symmetrical. Sensory perception was intact in all lower extremity dermatomes. The employee was advised to return for follow up with his MRI films.

The employee saw Dr. on 06/16/09. The employee's previous MRI was reviewed. The employee was recommended for lumbar epidural steroid injections, followed by four to six weeks of physical therapy.

The employee was seen on 07/06/09 with continued pain complaints. Physical examination revealed the employee used crutches to assist with ambulation. There was tenderness and restricted range of motion of the back. The employee was assessed with lumbar radiculopathy.

The employee was seen monthly for medication management with no significant change in complaints or physical examination.

The employee was seen for follow up on 03/02/10 with continued pain complaints. Physical examination revealed an abnormal gait and tenderness or spasm to the thoracolumbar spine or paravertebral musculature. The employee was prescribed Vicodin and Neurontin. The employee was advised to follow up in one month.

The employee was seen for follow up on 05/03/10. The employee had continued complaints of low back and right ankle pain. Physical examination revealed an abnormal gait and tenderness or spasm to the thoracolumbar spine or paravertebral musculature. Current medications included Vicodin and Neurontin. The employee is assessed with lumbar radiculopathy. The employee was referred for a neurosurgery consultation.

The employee saw Dr. on 05/25/10 for follow up. The note stated the employee continued to experience leg pain. The employee was recommended for a lumbar MRI.

The request for Lumbar MRI was denied by utilization review on 06/22/10 due to no comprehensive physical examination and no evidence of progression of neurologic deficit.

The request for a Lumbar MRI was denied by utilization review on 07/14/10 due to lack of recent comprehensive physical examination and no indication of any neurological deficits.

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

The requested MRI of the lumbar spine is not indicated based on the clinical documentation provided for review. There are limited clinical findings on physical examination which demonstrates a progressive or severe neurological deficit. Guidelines do not recommend repeat advancing imaging in the absence of neurological findings. Given the lack of evidence on physical examination to support the requested MRI, medical necessity is not established.

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

Official Disability Guidelines, Online Version, Low Back Chapter