

SENT VIA EMAIL OR FAX ON
Aug/19/2010

Pure Resolutions Inc.

An Independent Review Organization
1124 N Fielder Rd, #179
Arlington, TX 76012
Phone: (817) 349-6420
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/19/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat Lumbar MRI

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

REVIEW OUTCOME:

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Spine & Neurological Institute 6/22/10 thru 7/21/10

Spine & Pain Center 3/31/08 thru 10/20/08

MRIs 4/?/??, 4/25/??

EMG/NCV 7/7/10

Dr. 9/25/09 thru 3/31/10

Family Practice 3/11/10 thru ?/?/??

DDE 12/29/09

8/1/08

PATIENT CLINICAL HISTORY SUMMARY

This is a male with a date of injury xx/xx/xx, when he was trying to lift a liner. He complains of low back and knee pain. He did not have relief with ESI or physical therapy in the past. His examination 06/22/2010 reveals right subtle gastroc/soleus weakness. An EMG/NCV of the lower extremities 0/07/2010 was normal. An MRI of the lumbar spine 04/2008 revealed a right foraminal far lateral disc herniation at L5-S1. It does contact the exiting right L5 nerve root.

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

The MRI of the lumbar spine is not medically necessary. According to the ODG, "Low Back" chapter, serial MRIs are indicated only when there is progression of neurological deficits. There is no evidence that the claimant has any progression of neurological deficits or has had any significant change in his symptoms since the last MRI.

In this case, there is very little to suggest, by examination or by history that the claimant is suffering from a radiculopathy that cannot be explained by his MRI in 2008. Further insight is needed as to why a repeat MRI is medically necessary and how this will impact his care.

References/Guidelines

ODG "Low Back" chapter

MRI

Indications for imaging -- Magnetic resonance imaging (MRI):

Repeat MRI's are indicated only if there has been progression of neurologic deficit.

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

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)