

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 08/16/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: MRI lumbar spine without contrast

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

Texas Board Certified Orthopedic Spine Surgeon

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. 04/27/10 - Clinical Note -, MD
2. 07/06/10 - Clinical Note -, MD
3. 07/14/10 - Utilization Review
4. 07/20/10 - Utilization Review
5. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male with a history of low back pain.

The employee saw Dr. on 04/27/10. The note stated the employee had a MRI scan performed that demonstrated disc pathology with herniations at L3-L4, L4-L5, and L5-S1. Radiographs of the lumbar spine demonstrate a 6.5 mm retrolisthesis at L5-S1 that corrected to near normal with forward flexion. At L3-L4, there was 4.5 mm retrolisthesis which corrected to 2 mm. At L4-L5, there was 5 mm in extension that corrected to 3.5 mm in forward flexion. There was loss of anterior column support at L5-S1 with subluxation. Physical examination revealed positive spring test at L4-L5, positive flip test bilaterally, positive Lasegue's on the left at 45 degrees, and positive Bragard's. There was decreased knee jerk and ankle jerk on the left, absent posterior tibial tendon jerks bilaterally, and paresthesia in the L5-S1 nerve root distribution on the left. There

was mild weakness of gastrosoleus on the left and positive sciatic notch tenderness bilaterally. The employee was assessed with lumbar herniated nucleus pulposus at L3-4, L4-5, and L5-S1 with clinical instability at L5-S1. The note stated the employee would proceed through scheduling, but it did not specify what would be scheduled.

The employee saw Dr. on 07/06/10 with complaints of back and bilateral leg pain that had worsened since a chiropractic visit last week. The employee was ambulatory in a forward-flexed position with an antalgic gait on the left. The employee denied any bowel or bladder dysfunction. Radiographs were not performed as the employee was unable to perform extension. Physical examination revealed marked paravertebral muscle spasm, positive spring test at L4-L5 and L5-S1, and positive sciatic notch tenderness bilaterally. Lasegue's was positive bilaterally at 45 degrees. There was decreased knee jerk on the left. Tibial tendon jerks were absent posteriorly. There was paresthesia in the L5 and S1 nerve root distribution bilaterally. There was weakness noted of the gastro-soleus and extensor hallucis longus to the left. The employee was assessed with acute exacerbation of back pain and sciatica. The employee was recommended for a repeat MRI of the lumbar spine. The employee was prescribed Hydrocodone and Soma. The employee was advised to perform stretching exercises.

The request for MRI Lumbar Spine without contrast was denied by utilization review on 07/14/10 due to no physical examination evidence of a progression of a neurological deficit to warrant repeat imaging. The request for a MRI Lumbar Spine without contrast was denied by utilization review on 07/20/10 due to lack of new objective neurological findings.

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. The clinical does reveal findings on physical examination of neurologic deficits; however, subsequent examinations were relatively unchanged and do not reveal any progression of previously noted deficits or any new deficits that would require repeat imaging. Guidelines do not recommend repeat MRI studies of the spine without evidence of a progression of neurologic findings. As the clinical documentation fails to identify any progression of previously noted neurologic findings and there are no new neurologic findings, the requested MRI is not deemed medically necessary.

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.