

The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-950-4443

Notice of Independent Review Decision

DATE OF REVIEW: 08/13/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity for MRI of the lumbar spine

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

The physician performing this review is Board Certified, American Board of Orthopedic Surgery. He was certified, 1998-2001, by his domiciled state with a Worker's Compensation Certification in Impairment Rating Evaluations. He has been in private practice since 1986. He has been previously appointed to the National Association of Disability Evaluating Professionals. This physician is a member of his local, state and national medical associations and is licensed in Pennsylvania, Connecticut and New Jersey.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The requested lumbar MRI is medically necessary, based on review of this medical record.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records received: 18 page fax 8/2/10, 33 page fax 8/5/10

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant is a male who hurt his back on xx/xx/xx. He was seen by Dr. on 06/17/10 for low back pain, more towards the left, tingling in the back, left leg pain radiating into the back of the left knee, decreased motion and numbness and tingling in the left lower extremity. The examination showed decreased motion in all planes, spasm along the paraspinal muscles, normal strength and reflexes and positive left supine straight leg raise. X-rays showed narrowing of the L4-5 and L5-S1 disc spaces and degenerative changes of the lower vertebral elements. Lumbosacral spondylosis without myelopathy was diagnosed. Therapy, Flexeril, a Medrol Dosepak, Ultracet, continue ice, restricted duty and a lumbar MRI were recommended. The claimant presented to Dr. again on 06/18/10 for worsening pain. The examination was unchanged except supine straight leg raise was negative bilaterally.

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The examinations on 06/23/10 and 06/25/10 were unchanged. The lumbar MRI was denied on a 06/28/10 review. Dr. re-evaluated the claimant on 07/01/10 noting unchanged symptoms with difficulty ambulating, sitting or moving. Sitting straight leg raise on the right was negative. Sitting and supine straight leg raise were positive on the left. Dr. stated the claimant had failed conservative care and now had evidence of nerve root irritation on examination. Continuation of therapy and medications and a neurosurgery referral were advised. He disagreed with the denial for advanced imaging.

At the 07/12/10 evaluation the claimant could not straighten up and he walked slowly and carefully. He could not easily dress or do activities of daily living. The examination was unchanged. Flexeril, Vicodin, continue therapy and an MRI were advised. The request was denied again on 07/19/10. Dr. re-evaluated the claimant on 07/20/10. The examination was unchanged. therapy, resubmission of the MRI request due to the claimant's refractory and uncomplicated low back pain, the inability to fully stand upright and evidence of nerve root irritation on examination were advised.

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

This is a gentleman who has apparent ongoing back and left leg complaints following a xx/xx/xx injury. There are multiple medical records from Dr. documenting back and left leg complaints with a positive straight leg raise on the left. The claimant has undergone conservative care to include physical therapy, activity modification, pain medication & anti inflammatory medication. His physician continues to document subjective complaints with positive straight leg raising abnormalities. The ODG Guidelines document the use of MRI testing of the lumbar spine in claimants who have trauma with neurologic deficit. ACOEM Guidelines document the use of MRI testing in claimants who have evidence of nerve impairment. General orthopedic knowledge is that the claimant's who have ongoing pain and radicular leg pain without improvement over six to eight weeks are a good candidates for a lumbar MRI to rule out anatomic abnormality. That would appear to be the case in this claimant and therefore the requested lumbar MRI is medically necessary.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, (i.e. Low Back-MRI)

Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit.
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic

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- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient

American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 12, pages 303-304 (MTUS)

If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures).

Magnetic resonance (MR) neurography may be useful in isolating diagnoses that do not lend themselves to back surgery, such as sciatica caused by piriformis syndrome in the hip. However, MR neurography is still new and needs to be validated by quality studies.

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

- ACOEM- AMERICAN 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)