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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 02/05/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI of the lumbar spine

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

Board Certified in Orthopedic Surgery

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.

MRI of the lumbar spine - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Evaluations with M.D. dated 06/12/06, 09/13/06, 10/04/06, 11/15/06, 05/17/07, 08/30/07, 10/30/07, 01/03/08, 03/04/08, 05/06/08, 06/06/08, 07/07/08, 09/09/08, 11/11/08, 01/05/09, 02/05/09, 04/17/09, 07/06/09, 07/13/09, 09/18/09, 09/23/09, and 11/18/09

A Required Medical Evaluation (RME) with M.D. dated 01/30/07

A DWC-73 form from Dr. dated 01/30/07

DWC-73 forms from Dr. dated 08/30/07, 05/06/08, 06/06/08, 07/13/09, and 09/18/09

An EMG/NCV study was performed on 11/25/08 and interpreted by an unknown provider (signature was illegible)

A peer review report from D.O. dated 11/27/09

Letters of non-certification, according to the Official Disability Guidelines (ODG), from CMS dated 11/30/09 and 12/13/09

The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On 06/12/06, Dr. prescribed Vicodin. On 01/30/07, Dr. recommended continued Ultram and Ultracet, sedentary work duty, and a CT myelogram. On 08/30/07, Dr. kept the patient off work through 10/30/07. On 05/06/08, Dr. kept the patient off work through 06/06/08. On 11/11/08, Dr. recommended an NCV study. An NCV study interpreted by an unknown provider on 11/25/08 showed a possible mild left L5 and S1 radiculopathy and moderate right L5 radiculopathy. On 04/06/09, Dr. kept the patient off work through 06/17/09 and then through 11/13/09. On 11/18/09, Dr. recommended continued Vicodin, over-the-counter analgesics, and an MRI of the back. On 11/27/09, Dr. wrote a peer review of non-certification for a repeat MRI. On 11/30/09 and 12/13/09, wrote letters of non-certification for a repeat MRI of the lumbar spine.

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

A prior MRI, which noted a severe L4-5 extrusion bilaterally producing fairly severe neuroforaminal narrowing, has been documented in the 02/05/07 report by Dr.. The current clinical information does not indicate the patient having a new or worsening focal neurological deficit, which under ODG criteria would indicate the need for a repeat MRI of the lumbar spine. Therefore, the requested MRI of the lumbar spine is neither reasonable nor necessary and the previous adverse determinations should be upheld.

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 AND KNOWLEDGE BASE
- 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)