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Notice of Independent Review Decision

DATE OF REVIEW: 01/06/10 (AMENDED 01/12/10)

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI of the lumbar spine with and without contrast

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:

X 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 with and without contrast - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X-rays of the spine interpreted by M.D. dated 06/12/08
A CT scan of the lumbar spine interpreted by, M.D. dated 06/13/08

An evaluation with M.D. dated 07/27/09
Evaluations with, M.D. dated 10/14/09 and 11/08/09
A preauthorization request from Spine and Neurological Surgery Institute dated 10/19/09
A letter of non-certification, according to the Official Disability Guidelines (ODG), from D.O. dated 10/23/09
A letter of non-certification, according to the ODG, fromM.D. dated 10/23/09
Letters of denial, according to the ODG, from dated 10/26/09 and 11/24/09
An appeal request from Dr. dated 11/16/09
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

X-rays of the lumbar spine interpreted by Dr. on xx/xx/xx showed orthopedic fixation plates and screws traversing the L1-L2 and L4-L5 level with mild scoliosis, degenerative changes, and osteophyte formation. There was also disc space narrowing at L1 through S1. A CT scan of the lumbar spine interpreted by Dr. on 06/13/08 showed extensive laminotomy changes with hardware at L4-L5 and L1-L2 and extensive degenerative changes. On 07/27/09, Dr. recommended a second opinion and possible facet radiofrequency rhizotomy. On 10/23/09, Dr. wrote a letter of non-certification for a lumbar and thoracic MRI and a CT scan of the lumbar spine. On 10/26/09, wrote a letter of non-certification for a repeat lumbar MRI. On 11/08/09, Dr. wrote a letter stating a CT scan and lumbar MRI were medically necessary. On 11/16/09, Dr. wrote a letter of appeal for the same diagnostic tests. On 11/24/09, CorVel again wrote a letter of denial for the lumbar MRI and a CT scan.

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

The MRI of the lumbar spine with or without contrast is not medically necessary, reasonable, related, or supported by the evidence based ODG. The patient is a male who is status post lumbar surgery times three. There is no evidence of significant change in neurological status documented in the medical records available for review. The requesting physician documented normal strength and normal reflexes on clinical examination. The request was denied on initial review by Dr. His denial was upheld on appeal/reconsideration by Dr.. Both reviewers cited the lack of the request meeting the ODG criteria.

In addition, the ODG criteria for MRI imaging include very similar criteria, in particular:

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

MRIs are the test of choice for patients with prior back surgery. Repeat MRIs are indicated only if there has been progression of neurological deficit. Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy. An important limitation of magnetic resonance imaging in the diagnosis of myelopathy is its high sensitivity. The ease with which the study depicts expansion and compression of the spinal cord in the myelopathic patient may lead to false positive examinations and inappropriately aggressive therapy if findings are interpreted incorrectly. There is controversy over whether they result in higher costs compared to x-rays including all the treatment that continues after the more sensitive MRI reveals the usual insignificant disc bulges and herniations. In addition, the sensitivities of the only significant MRI parameters, disc height narrowing and annular tears, are poor, and these findings alone are of limited clinical importance. Imaging studies are also used most practically as confirmation studies once a working diagnosis is determined. MRI, although excellent at defining tumor, infection, and nerve compression, can be too sensitive with regard to degenerative disease findings and commonly displays pathology that is not responsible for the patient's symptoms. With low back pain, clinical judgment begins and ends with an understanding of a patient's life and circumstances as much as with their specific spinal pathology. Diagnostic imaging of the spine is associated with a high rate of abnormal findings in asymptomatic individuals. Herniated disk is found on magnetic resonance imaging in 9% to 76% of asymptomatic patients; bulging disks, in 20% to 81%; and degenerative disks, in 46% to 93%. Baseline MRI findings do not predict future low back pain. MRI findings may be preexisting. Many MRI findings (loss of disc signal, facet arthrosis, and end plate signal changes) may represent progressive age changes not associated with acute events. MRI abnormalities do not predict poor outcomes after conservative care for chronic low back pain patients. The new ACP/APS guideline as compared to the old AHCPR guideline is more forceful about the need to avoid specialized diagnostic imaging such as magnetic resonance imaging (MRI) without a clear rationale for doing so. A new meta-analysis of randomized clinical trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients. Despite guidelines recommending parsimonious imaging, use of lumbar MRI increased by 307% during a recent twelve-year interval. When judged against guidelines, one-third to

two-thirds of spinal computed tomography imaging and MRI may be inappropriate. As an alternative to MRI, a pain assessment tool named Standardized Evaluation of Pain (StEP), with six interview questions and ten physical tests, identified patients with radicular pain with high sensitivity (92%) and specificity (97%). The diagnostic accuracy of StEP exceeded that of a dedicated screening tool for neuropathic pain and spinal magnetic resonance imaging. Clinical quality-based incentives are associated with less advanced imaging, whereas satisfactory measures are associated with more rapid and advanced imaging, leaving Richard Deyo, in the Archives of Internal Medicine, to call the fascination with lumbar spine imaging "an idolatry." There is support for MRI depending on symptoms and signs to rule out serious pathology such as tumor, infection, fracture, and cauda equina syndrome. Patients with severe or progressive neurological deficits from lumbar disc herniation or subjects with lumbar radiculopathy who do not respond to initial appropriate conservative care are also candidates for lumbar MRI to evaluate for the potential for spinal interventions, including injections or surgery. It can be seen from the above criteria that the patient does not meet any of the evidence based ODG criteria.

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**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- X **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)**