



Medical Review Institute of America, Inc.
America's External Review Network

Notice of independent Review Decision

DATE OF REVIEW: June 18, 2010

IRO Case #:

Description of the services in dispute: CT of the Lumbar Spine without Contrast

A description of the qualifications for each physician or other health care provider who reviewed the decision

This physician is board certified by the American Board of Orthopedic Surgery in Orthopedic Surgery. This reviewer has also completed a fellowship in Spinal Surgery.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be upheld. CT of the lumbar spine without contrast is not medically necessary.

Information provided to the IRO for review

Patient clinical history [summary]

The patient is a female who is being followed for complaints of low back pain. The initial CT studies in xxxxx revealed minimal disc bulging at L4-5 and L5-S1. The patient was evaluated by Dr. on 04/15/10. The patient has previously been treated with physical therapy, injections and oral pain relievers, and the patient did have significant improvement with epidural steroid injections. The patient has since gained weight, and her back pain reoccurred. The patient also reported numbness and weakness in the left lower extremity. The patient has a past surgical history significant for automatic implantable cardioverter defibrillator (AICD) with two revisions. The physical exam revealed full range of motion in the lumbar spine with mild to moderate right paraspinal tenderness present. Straight-leg raise was positive. No strength deficits were noted; however, patellar and Achilles reflexes were absent bilaterally. The patient was recommended for a CT scan, as her AICD implant precluded an MRI study. A utilization review report dated 04/29/10 did not recommend the requested CT study, as there was no evidence of motor or sensory deficits on exam. It does not appear that peer-to-peer contact was made. The patient was seen at a new clinic on 05/11/10 with complaints of continuing low back pain radiating through the left lower extremity. The patient also reported lumbar stiffness. The physical exam revealed sacroiliac joint tenderness, left worse than right. Reflexes in the lower extremities were 1+ bilaterally. A positive straight-leg raise was noted. The patient returned for follow up on 05/19/10 with unchanged complaints. The patient was noted to have started physical therapy and had been to three sessions. The patient did not report any improvement with physical therapy. The physical exam revealed decreased range of motion in the lumbar spine. Lower extremity reflexes to the left were reduced compared to the contralateral side. A positive straight-leg raise was noted. A lumbar CT study without contrast was recommended.

The utilization review report dated 05/19/10 did not recommend the CT study, as there was no evidence of any new neurologic findings on exam. A second utilization review dated 05/26/10 also did not recommend that CT study, as there was no documentation of any new or progressive neurologic deficits. It does not appear that peer-to-peer contract was made regarding the denial.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The prior decisions are upheld. The clinical documentation does not demonstrate any significant evidence of a progressive neurologic deficit on exam that would reasonably require the requested CT study. The most recent physical exams reveal inconsistent findings regarding reflex changes, and there is no overt weakness or sensory deficits in a dermatomal distribution that is reasonably seen as a new finding that would warrant a CT study at this time.

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

Indications for imaging -- Computed tomography:

- Thoracic spine trauma: equivocal or positive plain films, no neurological deficit
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, infectious disease patient
- Evaluate pars defect not identified on plain x-rays
- Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989)