

SENT VIA EMAIL OR FAX ON
Jun/15/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar MRI with and without contrast

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a date of injury xx/xx/xx when he fell off a truck about 6 to 7 feet in an oil field. He complains of worsening back pain radiating to the left leg, with numbness. He is status post L1-L4 decompression/laminectomy with marsupialization of a compressive complex arachnoid cyst 11/20/2009. He did well initially, but began to develop recurrence of symptoms. He did have some weakness before surgery. However, his neurological examination is now intact. The provider is requesting a repeat MRI with and without contrast to evaluate for any possible re-stricturing of neural elements

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

The MRI of the lumbar spine is medically necessary. The patient did not undergo a standard decompressive procedure for a degenerative spine condition. He underwent an intradural fenestration of an arachnoid cyst. Virtually all surgeries for degenerative spine are extra-dural, not intradural, such as this one. The arachnoid cyst can recur or there could be the presence of a spinal cord tethering. These two phenomena typically present with pain. One

would not wait until neurological deficits appear before performing neuroimaging, as they can be irreversible in this situation. ODG does not address this type of rare pathology. See references below.

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

ACOEM-AMERICA 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)

References/Guidelines

[Neurosurgery](#). 1992 Jan;30(1):35-42.

Intradural extramedullary cysts of the spinal canal: clinical presentation, radiographic diagnosis, and surgical management.

[Osenbach RK](#), [Godersky JC](#), [Traynelis VC](#), [Schelper RD](#).

[Neurosurgery](#). 2004 Dec;55(6):1352-9; discussion 1359-60.

Spinal intradural juxtamedullary cysts in the adult: surgical management and outcome.

[Bassiouni H](#), [Hunold A](#), [Asgari S](#), [Hübschen U](#), [König HJ](#), [Stolke D](#).

[Surg Neurol](#). 2003 Jul;60(1):49-55; discussion 55-6.

Intradural spinal arachnoid cysts in adults.

[Wang MY](#), [Levi AD](#), [Green BA](#).

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)