



791 Highway 77 North, Suite 501C-316 Waxahachie, TX 75165
Ph 972-825-7231 Fax 972-775-8114

Notice of Independent Review Decision

DATE OF REVIEW: 7/13/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of an MRI lumbar spine w/o dye (72148).

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. This reviewer has been practicing for greater than 15 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of an MRI lumbar spine w/o dye (72148).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Brain & Spine Inst. and Services

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from Brain & Spine Inst.: Workers Medical notes – 9/14/09-6/15/10, MD

notes – 1/19/10-4/27/10, Letter – 1/19/10; Various DWC73s; DWC69 – 3/2/10; MD notes – 5/13/09-8/5/10; MD MRI report – 6/2/09; MD x-ray report – 5/13/09.

Records reviewed from Services: Denial letters w/ Dr. report– 5/17/10 & 6/7/10; Brain & Spine Inst. Pre-auth Request – 5/12/10 & 5/28/10, Office note – 2/16/10; DWC1 – 1/29/09; DWC69 – 1/29/10; Various DWC73s; MD DDE report – 10/28/09; MD DDE report – 1/29/10; Workers Medical Office note – 3/10/10.

A copy of the ODG was not provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant has been considered for a repeat lumbar MRI, as per the Attending Physician's record of 6/15/10 and prior. The original injury mechanism was that of a fall, sustained by the claimant with a history of diabetes. The right leg was noted to have recently become "involved" and therefore a new MRI was felt indicated due to the symptomatic neurologic change. Either extension of the L5-S1 abnormality or a new lesion was felt to be plausible and was noted to be the rationale for a new MRI. The claimant has had bilateral 1+ DTR's (previously 2+ at some visits and 1+ at others) and has been felt to have a diagnosis of left-sided L5-S1 HNP with bilateral radiculopathy. The prior MRI had been from June 6, 2009. Central stenosis at multiple levels was noted, as was a large "paracentral disc protrusion" at L5-S1, with a left S1 nerve root compression. Many prior Attending Physicians' records denoted left leg pain. However, a note from 8/24/09 denoted left greater than right-sided pain, along with "lumbar stenosis." Additional notes from the summer of 2009 (including those for ESI treatments) denoted low back, bilateral leg pain and chronic numbness of the feet. Denial letters denoted the lack of specific documentation of response to therapy, and, the lack of significant change in neurological symptoms and/or physical exam findings, In addition to the lack of new trauma.

On 1/29/10, an IME denoted multiple + Waddell signs compatible with symptom magnification.

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

There has not been a significant change in the subjective and objective complaints and exam findings over time. Without such a change, another MRI would not be medically necessary according to the ODGuidelines.

ODGuidelines: 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. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.)
- 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

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)

