



IMED, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 05/14/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Reconsideration from Dr. for the MRI lumbar spine with and without contrast, as outpatient

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. M.D., 09/14/09, 11/16/09, 02/17/10, 03/17/10
2. 03/03/10 thru 04/05/10
3. Letters of denial, 03/03/10
4. Letter of consideration, 04/02/10
5. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee presented to The Back and Neck Institute on xx/xx/xx. He was diagnosed with a herniated nucleus pulposus and underwent a particle discectomy by Dr. which gave him complete relief of symptoms with only intermittent flare-up. The patient reported that postop physical therapy was very helpful and he continued working on a regular basis without limitations and only modifications. An x-ray was done on that date, which revealed the L5-S1 disc had decreased in disc height. Conservative treatment was to be attempted.

The injured employee presented to Dr.. He continued to modify his activities of daily living, but was becoming more sedentary because the lower extremity radicular symptoms were becoming quite debilitating with bilateral leg fatigue. The assessment on the last date was lumbago and lumbar radiculopathy. Dr. indicated that they had received a denial from the previously requested MRI with the rationale that there was no explanation as to how the treatment followed after the MRI was done. Dr. encouraged the patient to try to avoid any type of

direct heavy lifting and not to find himself in any situation where he was unable to sit and rest once he started to walk.

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

The injured employee has no medical necessity for the MRI lumbar spine with and without contrast ***Official Disability Guidelines*** recommendations.

When Dr. performed a complete examination on xx/xx/xx, the employee had lumbar back pain. Physical examination reported symmetrical reflexes, strength, and sensation of the bilateral lower extremities with no atrophy in the lower extremities. His gait was normal and straight leg raising was negative.

On 03/17/10, the physical examination was again completely negative except for subjective decreased sensation of both thighs. This subjective symptom does not rise to the definition of a radicular sign that would provide an indication for an MRI. There are no indications for the requested diagnostic procedure by on ***Official Disability Guidelines*** recommendation.

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

1. Official Disability Guidelines