

# US Resolutions Inc.

An Independent Review Organization  
1115 Weeping Willow  
Rockport, TX 78382  
Phone: (512) 782-4560  
Fax: (207) 470-1035  
Email: manager@us-resolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

May/08/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar MRI

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

M.D., Board Certified Orthopedic Surgeon

**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**

04/09/10, 04/07/10, 04/06/10,

02/25/05 MRI lumbar

08/29/05 EMG/ NCS

09/30/05 CT lumbar

10/11/05 Dr. office note

04/10/06 x-ray lumbar spine

03/01/07 MRI lumbar

12/30/09 Dr. history and physical

01/19/10 Dr. (ortho) / RME

03/31/10 Dr. / letter

04/02/10 MD fax request

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, Low Back : MRIs (magnetic resonance imaging)

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male claimant with a history of a low back injury and diagnosed with chronic back pain, lumbar disc bulging and left S1 radiculopathy. A physician record dated 12/30/09 noted the claimant with a one year history of progressively worsening left lower back pain. Examination revealed some weakness in the left quadriceps and slight loss of sensation in

the L5- S1 distribution in the left lower extremity. Treatments included medications and physical therapy. A Required Medical Examination performed on 01/19/10 revealed the claimant with intermittent low back pain with radiation to the S1 distribution. Review of a 2006 EMG / NCS showed findings consistent with S1 radiculopathy. Review of a 2007 lumbar MRI showed moderate disc desiccation change at the lowest two lumbar levels. The claimant was diagnosed with low back injury with S1 radiculopathy, aging change with disc desiccation L4-5 and L5- S1 and absence of radiculopathy on neurologic examination.

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

The requested lumbar MRI is not medically necessary based on review of this medical record. This is a claimant who had chronic back and radicular left leg complaints who has had a number of MRI studies documenting degenerative disc disease as well as a EMG documenting left S1 radiculopathy. The medical records provided do not document any specific anatomic change in his conditions. The 03/31/10 letter of Dr. documents left lower extremity sensation changes and a previous EMG that was positive only on the right side, the 10/11/05 office visit of Dr. seems to indicate there is a left sided radiculopathy on EMG and the 01/19/10 RME of Dr, would indicate there was a 11/21/06 EMG with a left lower extremity S1 radiculopathy, so it is really not clear to this reviewer what Dr. is describing. All of these other physicians have documented left lower extremity mild neurologic changes and it really is not clear that there is a new anatomic change in this person's condition. ODG Guidelines document the use of repeat lumbar MRI studies in claimants who have a new injury of progressive neurologic deficit, none of which appears present in this case. Therefore the requested MRI is not medically necessary. The reviewer finds that medical necessity does not exist for Lumbar MRI.

**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)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES

**(PROVIDE A DESCRIPTION)**