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Notice of Independent Review Decision

DATE OF REVIEW: 05/06/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Repeat individual diagnostic study, Date of Service 12/16/09
CPT Codes 96372 99213 J1885

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

Texas Board Certified Physical Medicine & Rehabilitation
Fellowship Trained Pain Management

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. Clinical notes dated 06/18/07-04/20/10
2. MRI of the lumbar spine dated 06/19/07
3. M.D., 09/17/07 to 10/16/09
4. Procedure note dated 09/27/07
5. HDI 01/15/10
6. Prior review dated 01/15/10
7. Coversheet and working documents
8. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx.

A clinical note dated 06/18/07 reported the employee was injured while transferring from one scaffold to another when he twisted and had an immediate onset of lower back pain.

An MRI of the lumbar spine dated 06/19/07 reported findings of "tiny" left far lateral disc protrusions with hyperintense annular tear at the L3-4 and L4-5 levels. The MRI also showed mild spondylosis, endplate Schmorl's node at the L1 and L2 levels, mild facet hypertrophy at the L2-L3 and L3-L4 levels with mild left foraminal narrowing at the L3-L4 and L4-L5 levels.

A clinical note dated 06/22/07 reported the employee had a negative straight leg raise, 1+ and symmetric reflexes, and a +4 motor strength. The employee was recommended for conservative care.

An Independent Medical Evaluation (IME) dated 08/08/07 reported the employee had reached Maximum Medical Improvement (MMI) and was given a 0% whole person impairment rating.

A procedure note dated 09/27/07 reported the employee underwent an L5-S1 lumbar epidural steroid injection.

A clinical note dated 01/31/08 reported the employee had a minimal decrease in pain from the injection on 09/27/07. The note reported the employee's current diagnosis should be a lumbar strain and required no additional diagnostic testing.

A Functional Capacity Evaluation dated 05/07/09 reported the employee required a very heavy physical demand level. The employee demonstrated the ability to lift 12 to 25 pounds occasionally. The employee was noted to have positive Waddell's testing in three of five categories testing.

A clinical note dated 05/14/09 reported the employee had reached MMI on 04/28/09 and was given a 7% whole person impairment rating. The note also reported the employee had received three prior lumbar epidural steroid injections with temporary relief.

An electrodiagnostic study dated 05/27/09 reported normal findings and no evidence of radiculopathy.

A clinical note dated 09/28/09 reported the employee complained of 4/10 back pain. The physical examination reported 5/5 motor strength, 1+ deep tendon reflexes with the exception of 2+ left knee reflex, decreased sensation in the L5-S1 distribution, and positive bilateral straight leg raise. The employee was recommended for a repeat lumbar MRI with referral to a neurosurgeon. The employee was given an intramuscular injection.

A clinical note dated 12/16/09 reported the employee complained of 5/10 pain. The physical examination reported 5/5 motor strength, 1+ deep tendon reflexes with the exception of 2+ left knee, decreased sensation in the L5-S1 distribution with positive

bilateral straight leg raise. A prior review dated 01/15/09 did not recommend a repeat MRI of the lumbar spine as medically necessary, secondary to no change in symptoms.

A clinical note dated 03/22/10 reported the employee complained of 5/10 back pain.

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

The request for repeat individual diagnostic studies is not medically necessary at this time. The prior review dated 01/15/10 reported the request for repeat MRI of the lumbar spine was denied secondary to a lack of change in symptoms. The employee was injured on xx/xx/xx in a twisting injury. The employee had an onset of low back pain. The employee underwent an MRI of the lumbar spine on 06/19/07 with evidence of “tiny” left far lateral disc protrusions with hyperintense annular tears at the L3-L4 and L4-L5 levels. The employee also had evidence of endplate Schmorl’s node at the L1 and L2 levels, mild facet hypertrophy at the L2-S1, mild left foraminal narrowing at the L3-L4 and L4-L5 levels. The employee underwent subsequent conservative care to include three lumbar epidural steroid injections, physical therapy, medication management, and activity modification. The employee underwent an electrodiagnostic study on 05/27/09 with no evidence of radiculopathy with unremarkable findings. This reviewer agrees with the prior denial, in that the clinical documentation fails to indicate that the employee has had a progression of neurological deficits. **Official Disability Guidelines** state that “repeat MRIs are indicated only if there has been progression of a neurologic deficit.” This employee has remained symptomatic despite previous interventions; however, there has not been a progression of neurological deficits.

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

Official Disability Guidelines, Low Back Chapter, Online Version

Repeat MRI’s are indicated only if there has been progression of neurologic deficit.

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.) ([Andersson, 2000](#))
- 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