



DATE OF REVIEW: October 29, 2010

IRO Case #:

**Description of the services in dispute:**

This is a request for an MRI lumbar spine.

**A description of the qualifications for each physician or other health care provider who reviewed the decision**

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer completed a fellowship in Pediatric Orthopaedic Surgery which includes spinal surgery as well as extremities. This reviewer performs spinal surgery on a regular basis. This reviewer is a member of the American Academy of Orthopaedic Surgeons and the Pediatric Orthopaedic Society of North America. This reviewer has been in active practice since 2000.

**Review Outcome**

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

The request for the MRI lumbar spine is not medically necessary.

**Information provided to the IRO for review**

Records received from the State:

Notice to Medical Review Institute of America of case assignment, 10/07/10 (1 page)

Confirmation of receipt of a request for a review by an independent review organization (IRO) (3 pages)

Request for a review by an independent review organization, 09/30/10 (3 pages)

Records received from the Carrier:

prior review, 09/14/10 (7 pages)

prior review, 09/08/10 (5 pages)

Authorization request, MD, undated (2 pages)

Clinic note, MD, 08/12/10 (2 pages)

2875 S. Decker Lake Drive #550, Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

[www.mrioa.com](http://www.mrioa.com) A URAC & NCQA Accredited Company

Letter MD, 04/03/10 (4 pages)  
Email, 06/30/10 (1 page)  
Clinic note, MD, 07/17/08 (2 pages)  
MRI report, 06/25/08 (1 page)  
diagnostic, MRI report, 12/03/07 (1 page)  
Letter from MD, 11/05/07 (1 page)  
Report of medical evaluation, 10/08/07 (1 page)  
Clinic note, MD, 10/02/07 (2 pages)  
Clinic note, MD, 09/27/07 (2 pages)  
MRI report, 06/05/06 (1 page)

### **Patient clinical history [summary]**

The patient is a female with chronic low back pain radiating to right greater than left lower extremities who is proposed for repeat MRI by Dr.. Neurological testing is nonfocal except paresthesias at "L5-S1" (08/12/10). Past imaging including multiple MRIs showed a stable disk bulge/protrusion at L4-5 (L3-4 on one study). Dr. note indicates that electrodiagnostic testing has previously showed active denervation/radiculopathy, however this information was not provided for review. Dr. requests new MRI because the patient is considering surgical treatment.

### **Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

The prior denials should be upheld. There is no documentation of objective evidence of radiculopathy provided for review. Additionally, with a nonfocal neurological examination, consideration for surgical treatment would not be given, regardless of imaging results. In the absence of a significantly changed/worsened neurological examination, new MRI imaging is not medically necessary.

### **A description and the source of the screening criteria or other clinical basis used to make the decision:**

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

ODG, Low Back, MRIs (magnetic resonance imaging)

2875 S. Decker Lake Drive #550, Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

[www.mrioa.com](http://www.mrioa.com) A URAC & NCQA Accredited Company