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Notice of Independent Review Decision

DATE OF REVIEW: November 10, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of the Lumbar Spine.

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

FAMILY PRACTICE
PRACTICE OF OCCUPATIONAL MEDICINE

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

Medical records from the Carrier include:

- M.D., 01/15/07, 04/19/07, 07/12/07, 01/08/08, 04/08/08, 07/07/08, 10/06/08, 07/16/09, 07/24/09, 10/26/09, 04/29/10, 07/29/10
- Texas Workers' Compensation Work Status Report, 01/15/07, 04/19/07, 07/12/07, 01/08/08, 04/08/08, 07/07/08, 10/06/08, 01/12/09, 07/16/09, 08/24/09, 09/24/09, 10/26/09, 01/28/10, 04/28/10, 07/29/10, 10/28/10
- P.A., 10/22/07, 01/22/08, 09/30/08
- M.D., P.A., 04/08/08, 07/07/08, 04/16/09, 08/24/09, 10/26/09, 07/29/10
- Medical Consultants, 07/16/09, 07/17/09
- M.D., 10/06/09, 10/06/09
- 10/08/09, 11/04/09, 08/16/10, 09/30/10, 10/13/10
- Specialists of Pain, 12/16/09, 05/19/10, 06/21/10, 07/19/10, 08/18/10, 09/15/10

Medical records from the URA include:

- Official Disability Guidelines, 2008
- M.D., P.A., 10/26/09
- M.D., 01/28/10, 04/29/10, 07/29/10
- Specialists of Pain, 08/18/10, 09/15/10
- 09/30/10, 10/13/10

Medical records from the Provider include:

- Clinic, 11/01/04, 02/01/05
- M.D., 05/01/04, 05/02/05, 07/28/05, 08/11/05, 10/27/05, 04/27/06, 10/30/06, 01/15/07, 04/19/07, 07/12/07, 10/16/07, 01/08/08, 04/08/08, 06/26/06, 07/02/08, 10/06/08, 04/16/09, 07/16/09, 08/24/09, 09/24/09, 10/26/09, 12/01/09, 01/28/10, 04/29/10, 07/29/10, 10/28/10
- M.D., P.A., 02/01/05, 05/03/05, 09/20/05, 11/01/05, 01/26/06, 09/27/06, 04/08/08, 07/07/08, 10/26/09,
- M.D., 05/18/05, 08/15/05
- Pain Institute, 09/26/06
- M.D., 10/06/09
- 11/20/09
- Specialists of Pain, 10/22/09, 11/19/09, 12/15/09, 12/16/09
- Texas Workers' Compensation Work Status Report, no date

PATIENT CLINICAL HISTORY:

I am asked simply if an MRI of the lumbar spine is reasonable or necessary. I have not evaluated this individual; therefore, recommendations are based upon reasonable medical probability in the broadest possible sense.

This patient is long standing from a previous back injury. The date of injury is xx/xx/xx. It is noted the patient had undergone a 360-degree fusion at L5-S1 and subsequently developed chronic, intractable low back pain. The initial mechanism of injury described is that the patient stepped on a steel plate at the jobsite and fell violently, resulting in injuries to his low back. It is noted that he had developed chronic, intractable pain since that time and was on a pain regimen for control of pain.

There is an evaluation by IV., M.D., from May 3, 2005. It is noted the patient was status post a 360-degree fusion for a herniated disc, lumbar sprain/strain, post traumatic myositis, failed back syndrome, and chronic pain syndrome. On his physical examination, the patient's reflexes revealed to be symmetric and intact in all tested areas of both the upper and lower extremities. There were no focal signs or pathological reflexes identified. There were no focal neurological defects were noted on this date.

There is a follow-up visit from November 1, 2005; actually, this is a prior evaluation from November of 2005 that revealed similar results. There was no reflex asymmetry and no significant changes noted on his physical examination from previous dates as well.

There is a follow-up visit with Dr. on January 26, 2006. The physical examination findings revealed the deep tendon reflexes were slightly more active, but symmetric and intact. There were no pathological reflexes seen. There was no indication of any focal neurological deficits on physical examination.

There were electrodiagnostic studies performed by M.D., who read them as indicating a moderate, chronic left L5 radiculopathy. The date is October 6, 2009.

There is a follow-up visit with Dr. on October 26, 2009, approximately one year ago. Once again, there is no indication of any focal neurological deficits or evidence of changes on physical examination. The deep tendon reflexes were 1/4, symmetric, and intact, without focal signs or pathological reflexes identified. The straight leg raising was positive at 70 degrees bilaterally. The diagnoses remained unchanged.

There is an evaluation for review based upon medical necessity only from November 4, 2009. It was the opinion of the evaluating physician that based on current ODG Guidelines for standard of care the medical necessity

was not established to repeat the MRI as there did not appear to be any material change in this patient's clinical examination suggestive of an occult process. It was noted previously that x-rays of his back revealed solid consolidation of the previous fusion at L5-S1.

The patient's current medications as of August 18, 2010, included OxyContin 10 mg twice a day, Oxycodone 5 mg as needed, Lyrica 75 mg three times a day, Lyrica 100 mg as needed, Selzentry 300 mg twice a day, Intelence 100 mg twice a day, lsentress 400 mg twice a day, Citalopram 20 mg a day, Ambien 10 mg q.h.s., Prednisone 5 mg, Trazodone 50 mg daily, Xanax 0.25 mg daily, Baclofen 10 mg daily, and Dicyclomine 10 mg as needed.

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

As far as medical necessity for the proposed procedure, this is a fairly cost effective and minimally invasive procedure for ascertaining if there has been any material change in this patient's condition. This is based upon evidence of an L5 radiculopathy on the electrodiagnostic study. There is very little evidence of clinical change on the patient's physical examination other than chronic, intractable pain. However, an imaging study to determine the stability of the previous surgical procedure would be reasonable considering that at the current time we are 14 years status post fusion. There could have been interval changes that can possibly be a cause of the patient's ongoing pain complaints. However, I would recommend a high-resolution CT scan rather than an MRI as there is going to be significant metallic artifact secondary to his previous instrumentation at the L5-S1 level for imaging.

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)