

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of the lumbar spine both with and without contrast

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Neurosurgeon

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

Official Disability Guidelines and Treatment Guidelines
Inc. 10/5/10, 10/25/10
Brain & Spine Institute 3/9/10 to 9/15/10
Physical Therapy Notes 3/2/10
Hospital 12/15/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male with a date of injury xx/xx/xx . He is status post L5-S1 discectomy 12/15/2009. He underwent physical therapy postoperatively. He complains of pain down his right leg. He states that he is 30% improved, compared with his preoperative status. Recently, he is complaining of pain, also, in his left leg. His neurological examination 09/15/2010 reveals absent ankle reflexes and positive straight-leg raising bilaterally. Examination 03/09/2010 reveals decreased reflexes throughout. Apparently, an MRI of the lumbar spine was done postoperatively, showed postoperative changes at L5-S1 with no apparent disc herniation. The provider recommended steroid injections at that time; it does not appear that these have been done. The provider is now requesting a repeat MRI of the lumbar spine with and without contrast.

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

The MRI of the lumbar spine both with and without contrast is not medically necessary. According to the ODG, "Low Back" chapter, serial MRIs are indicated only when there is progression of neurological deficits. There is no evidence that the claimant has any progression of neurological deficits. He has undergone a recent postoperative MRI scan

(report not submitted for review), which, reportedly, revealed postoperative changes. He has been noted to have decreased reflexes throughout in the past. There is very little to suggest, by examination, that the claimant is suffering from new neurologic deficits. Further insight is needed as to why a repeat MRI is medically necessary and how this will impact his care. The reviewer finds that MRI of the lumbar spine both with and without contrast is not medically necessary at this time.

ODG "Low Back" chapter

Indications for imaging -- Magnetic resonance imaging (MRI)

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

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)