

# US Decisions Inc.

An Independent Review Organization  
2629 Goldfinch Dr  
Cedar Park, TX 78613-5114  
Phone: (512) 782-4560  
Fax: (207) 470-1085  
Email: manager@us-decisions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Oct/19/2010

**IRO CASE #:**

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

Repeat lumbar MRI without contrast including #72148

**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**

Official Disability Guidelines – Indications for Imaging

Request 07/30/10

07/30/10, 08/30/10, 09/01/10

07/28/10, 08/31/10

04/02/10, 04/09/10

Dr. 03/03/10, 03/24/10, 07/19/10, 08/04/10

Dr. 06/22/09

Dr. 06/03/10, 05/24/10

MRI 06/10/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male injured on xx/xx/xx when he bent over a lift and experienced low back pain. A 06/10/09 MRI of the lumbar spine lumbar spine showed L1-2, 2-3 disc protrusions pressing on the thecal sac. There were L3-4 and 4-5 protrusions/herniation pressing on the thecal sac with moderate foraminal narrowing bilaterally. At L5-S1 was a posterior protrusion pressing on the S1 nerve roots bilaterally.

The claimant was seen on 06/22/09 by Dr., neurology, for low back and left leg pain. He had no weakness or tingling. On examination the lower extremity strength was normal. The EMG showed probable left L4-5 radiculopathy. Treatment with anti-inflammatory medication and therapy was recommended

On 03/03/10, Dr. saw the claimant for the main complaint of back pain. The claimant had been in pain management and was taking Lyrica, Parafon Forte, Darvocet and Motrin. The examination documented tenderness that radiated to the buttocks. Straight leg raise caused left low back pain. There was mild weakness in the left L5 and decreased sensation in left L5. Reflexes were normal. X-rays showed narrowing at L4-5. The impression was L4-5 herniation with L5 radiculopathy. The examination was the same on 03/24/10 and a repeat MRI was ordered. The MRI was denied on peer review.

The claimant returned to see Dr. on 07/19/10 for low back pain radiating to the bilateral lower extremities. On examination, there was spasm and decreased motion. Straight leg raise was positive for left lower extremity and there was an absent Achilles and deep tendon reflexes of both lower extremities. The claimant reported he had been elsewhere and had MRIs. Dr. recommended MRI, anti-inflammatory medication and that the other MRI scan reports be obtained.

On the 08/04/10 visit with Dr., he noted that the MRI was asked to be repeated due to the multiple findings and poor quality of previous studies and that he needed to look for changes that had occurred in the last 9 months. An epidural steroid injection had been aborted due to an allergic reaction. The examination documented there was tenderness that radiated to the buttocks. Straight leg raise caused left low back pain. He had mild weakness in the left L5 and decreased sensation in left L5. Reflexes were reported as normal. An MRI was requested. The request has been denied on peer review.

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

The records do not support that a repeat MRI is necessary. The examinations from Dr. from 03/03/10, 03/24/10 and 08/04/10 document the same physical and neurological findings. There was only a 07/19/10 examination that documented a neurological change from those examinations, but that was apparently short lived and the claimant returned to his baseline. There was been no obvious progression of neurological deficit. In addition, the physical findings that have been documented in the medical records are consistent with the previous MRI.

Official Disability Guidelines recommends "Repeat MRI's are indicated only if there has been progression of neurologic deficit." This does not appear to be the case based on the records reviewed. The reviewer finds no medical necessity for repeat lumbar MRI without contrast including #72148.

Official Disability Guidelines 2010. 15th Edition, Low Back Chapter-MR

"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)**