



DATE OF REVIEW: October 20, 2010

IRO Case #:

Description of the services in dispute:

MRI of the lumbar spine with and without contrast (#72158).

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 Neurological Surgery. This reviewer is a member of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons. The reviewer has completed training in both pediatric and adult neurosurgical care. This reviewer has been in active practice since 2001.

Review Outcome:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be upheld. MRI of the lumbar spine with and without contrast (#72158) is not medically necessary.

Information provided to the IRO for review

Received from Utilization Review Agent 10/12/10:

- Notice to Medical Review Institute of America, Inc. of Case Assignment 10/12/10 – 1 page.
- Notice to Utilization Review Agent of Assignment of Independent Review Organization 10/12/10 – 1 page.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization 10/11/10 – 5 pages.
- Request for a Review by an Independent Review Organization 10/11/10 – 2 pages.
- Peer Review #72280 10/01/10 – 3 pages.
- Letter from Health Solutions 10/01/10 – 2 pages.
- Preauthorization Request from Neurosurgical Consultants, undated – 1 page.
- Peer Review #70155 09/07/10 – 3 pages.
- Letter from Health Solutions 09/07/10 – 3 pages.
- Preauthorization Request from Neurosurgical Consultants, undated – 1 page.

-History, Physical and Neurological Examination, MD 08/23/10 – 3 pages.

Received from the Provider 10/20/10:

-Notice of Assignment of Independent Review Organization 10/12/10 – 1 page.

-History, Physical and Neurological Examination, MD 08/23/10 – 3 pages.

Patient clinical history [summary]:

The patient is a male who sustained an injury on xx/xx/xx when he fell off a ladder. The clinical notes begin with an evaluation on 08/23/10 by Dr.. The patient presents with complaints of low back pain. The patient is status post left L5–S1 laminectomy in 2001. The patient states the low back pain has returned and has increased. The patient states the pain is constant, and he rates the pain at 9 out of 10. The pain worsens with standing and walking. The pain occasionally radiates down both legs. The patient denies numbness or tingling. The patient reports some bladder/bowel dysfunction. Physical exam reveals no tenderness to palpation of the low back. Range of motion of the lumbar spine reveals flexion to 60 degrees and extension to 10 degrees. Straight leg raise produces pain bilaterally at 60 degrees. There is full strength in all lower extremity muscle groups. The patient is assessed with low back pain status post left L5–S1 laminectomy in 2001. The patient is prescribed Relafen and Tramadol. The patient is recommended for MRI of the lumbar spine to rule out recurrent disc herniation.

The request for MRI of the lumbar spine was denied by utilization review on 09/07/10 due to limited objective documentation indicating failed conservative treatment. There is also no indication of progression of neurologic deficit. The request for MRI of the lumbar spine was denied by utilization review on 10/01/10 due to the lack of clear indication of significant progression of symptoms in terms of performance of activities of daily living and neurological deficits. Also, the failure of conservative measures in the form of physical therapy progress notes of an evidence- based rehabilitative program was not substantiated.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

The prior denials are upheld. The clinical documentation provided for review does not support the request for a repeat MRI study. The patient has complaints of continued pain and was prescribed medications. There is no indication from the clinical notes that the patient was referred for any additional conservative treatment to mitigate the patient's pain. Additionally, the patient's physical exams do not reveal any progressive or severe neurologic deficits that would suggest a change in pathology within the lumbar spine requiring repeat MRI studies. As the clinical documentation does not meet guideline recommendations for the request, medical necessity is not supported. MRI of the lumbar spine with and without contrast (#72158) is not medically necessary.

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

Official Disability Guidelines, Online Version, Low Back Chapter.

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