

SENT VIA EMAIL OR FAX ON
Oct/01/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar X-Ray

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

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

OD Guidelines
MRI lumbar spine, 06/16/10
Office note, Dr., 07/12/10
Office note, Dr., 07/19/10
Office note, Dr., 07/23/10
Office note, Dr., 09/09/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his low back on xx/xx/xx when he lifted a pallet and felt a sharp pain in his low back and left leg. He was initially given anti-inflammatories and muscle relaxants, which he quit taking due to adverse side effects. He also had chiropractic care. When he saw Dr. on 07/19/10, the claimant complained of back and left leg pain. The claimant stated that physical therapy had helped his symptoms. On examination the claimant had 90 degrees of flexion, 20 degrees of extension and 60 degrees of right and left lateral bending. Motor strength to his lower extremities was 5/5. His deep tendon reflexes were 3/3 and his sensation to his lower extremities was intact. He had a negative straight leg raise. An MRI on 06/16/10 was normal. Dr. recommended x-rays with oblique views to rule out an occult L5 pars fracture. The request for a lumbar spine x-ray was non-certified twice by two peer reviewers.

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

The proposed lumbar spine x-ray would not be considered medically necessary and appropriate based on review of the records provided in this case. The claimant has had problems with low back pain status post a lifting injury ongoing now for the last three months. He has had an MRI performed of the lumbar spine, which was completely normal. There are no other diagnostic imaging results provided. Dr. is concerned about the possibility of an occult L5, pars fracture. A pars defect is present in five percent of the population and can lead to problems with instability and radiculopathy. They are not often appreciated on lumbar

spine MRIs. However a lumbar spine MRI and a good physical examination would pick up any element of nerve root impingement and radiculopathy. This would be the only reason to pursue further treatment for a pars defect. Although it may be appropriate to look for significant instability with flexion and extension radiographs, the X-ray of oblique views to look for an occult L5 pars defect would not be considered medically necessary and appropriate based on the ODG Guidelines.

The ODG Guidelines indicate that lumbar spine x-rays are indicated in the setting of significant lumbar spine trauma. There is no history of significant trauma and treatment for a pars defect would be conservative and one would expect this to return to baseline after three months of appropriate conservative care. Therefore based on the ODG Guidelines the proposed oblique views to rule out an occult L5 pars fracture cannot be considered medically necessary and appropriate based on review of the records provided in this case.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Low Back:

Radiography, Lumbar spine:

Indications for imaging -- Plain X-rays:

- Thoracic spine trauma: severe trauma, pain, no neurological deficit
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma (a serious bodily injury): pain, tenderness
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture
- Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70
- Uncomplicated low back pain, suspicion of cancer, infection
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient
- Post-surgery: evaluate status of fusion

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 KNOWLEDGBASE

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)