

SENT VIA EMAIL OR FAX ON
Sep/22/2010

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/21/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient MRI of Lumbar Spine

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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

Denial Letters 7/2/10 and 7/21/10

Dr. 8/7/07 thru 8/5/10

MRI Film Review 7/28/08

Spine & Neurology 8/21/07 thru 11/29/10

Neurosurgical Associates 08/21/2007

RRS 7/20/10

Dr. 9/28/09

Dr. 10/9/09

Radiology Report 12/8/08

MRIs 10/22/07 and 7/23/07

FCE 01/25/2010

ESI procedure note 10/09/2007

8/9/07 1/25/10

WC Report 8/13/10, 5/28/10, 7/1/10

5/7/07

Bone and Joint 5/16/08

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female, with a date of injury xx/xx/xx , when she was in an elevator that fell

from the fourth to third, and then to the second floor. She complains of low back pain radiating into her left leg and thigh. She also has paresthesias to the feet bilaterally. These are in the L5 and S1 distributions. She has undergone physical therapy, medications, and lumbar epidural steroid injections. Her neurological examination 05/28/2010 showed no significant abnormalities. An MRI of the lumbar spine 07/23/2007 shows at L3-L4 a 4.7mm left foraminal disc protrusion producing mild left neuroforaminal narrowing. There is a 12.8mm x 7.8mm x 14.1mm synovial cyst posterior to the left L3-L4 facet joint. At L4-L5 there is a disc bulge that mildly impresses on the thecal sac with mild bilateral neuroforaminal narrowing. At L5-S1 there is a disc bulge that mildly impresses on the thecal sac. A lower extremity EMG 10/09/2009 did not identify abnormalities. The provider is requesting a repeat MRI of the lumbar spine and states that the original MRI is of poor quality.

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

The MRI of the lumbar spine is not medically necessary. This claimant's injury was several years ago and she has been treated by multiple providers who have looked at this MRI and not stated that it was insufficient to render treatment and/or recommendations. According to the ODG, "Low Back" chapter, "Repeat MRI's are indicated only if there has been progression of neurologic deficit". No neurological deficit is present either by examination or electrodiagnostic testing. Therefore, a repeat MRI of the lumbar spine is not medically necessary.

References/Guidelines

2010 *Official Disability Guidelines*, 15th edition

ODG, "Low Back" chapter, "MRI":
Repeat MRI's are indicated only if there has been progression of neurologic deficit.
(trauma)."

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)