

SENT VIA EMAIL OR FAX ON
Sep/17/2010

True Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Knee MRI and Lumbar MRI

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

Board Certified in Physical Medicine and Rehabilitation

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 8/10/10 and 9/1/10

MRI 11/19/09, 6/17/09, 10/30/08

DDE 1/22/10

FCE 3/5/10

Pain Specialists 6/12/10

Injury Relief Center 3/10/10 and 4/7/10

OP Report 5/14/10

Dr. 7/14/10

Healthcare 8/5/10

Center 8/11/10

Hospital 8/11/10

PATIENT CLINICAL HISTORY SUMMARY

This is a woman who reportedly injured her back and knee on xx/xx/xx. She had pain. The MRI of the knee (10/30/08) showed no damage. There was a coincidental bone cyst. The Lumbar MRI (6/17/09) described a L5/S1 left foraminal disc herniation contacting the left L5 root. A repeat (11/19/09) showed a L5/S1 bulge without comment of nerve root compression. She was felt to be at MMI on 1/10/10 with a 5% rating. She continued with knee and low back pain. She apparently had an ESI at L5/S1 on 3/23/10 while waiting to enter a chronic pain program. She entered the program on 4/20/10. She had a second ESI on 5/14/10. Dr. (7/14/10) performed an RME and mentioned a EMG positive for a L5 radiculopathy. The study was not supplied. He felt she had a left knee strain and an HNP. He agreed with a third ESI. Dr. found local tenderness, decreased motion, positive SLR, but no new neurological signs. He wrote (8/11/10) that she needed a third MRI "since it has been more than a year since her last film."

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

One issue to be considered is that the ODG cites that all workup and invasive procedures be completed prior to entering a pain program. She had an ESI after entering the program and these requests now are for new MRIs. While there is a possible justification for a treatable ESI, there is no room for the diagnostic studies. She had two prior lumbar MRIs, the first but not the second showed a disc herniation. The EMG, not supplied, reportedly showed an L5 radiculopathy. The ODG generally requires trauma or a progressive neurological deficit. There was none present to justify the repeat lumbar MRI. She had a normal knee MRI, with the cyst not being related to trauma. The ODG criteria for the MRI following trauma was met. The others are indicated if internal derangement or similar problems are suspected. These were not. The IRO reviewer has no justification for the medical necessity for the repeat MRIs from review of the medical material provided.

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)