

SENT VIA EMAIL OR FAX ON
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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat Lumbar MRI without contrast

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

1. MRI REPORT, 4/27/10
2. DR., OFFICE NOTES, 5/14/10, 6/8/10, 6/24/10, 7/20/10
3. DR., RECORD OF TELEPHONE CONVERSATIONS, 7/29/10 AND 8/13/10
4. REFERRAL INFORMATION
5. HOSPITAL, REHABILITATION DEPARTMENT, 5/20/10, 6/1/10
6. HEALTH CARE, NOTIFICATION OF ADVERSE DETERMINATION, 7/29/10
7. HEALTH CARE, NOTIFICATION OF RECONSIDERATION DETERMINATION, 8/19/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a work related injury date of xx/xx/xx, being evaluated for a request for repeat lumbar MRI without contrast.

The claimant's medical record contains a 04/27/10 lumbar MRI report available for review which indicates a 2 millimeter broad based disc at L4-5 level with an annular tear, asymmetrically more prominent on the right just abutting the right L4 nerve root and the right L4-5 neural foramen. The left side is patent.

The claimant has an initial evaluation on 05/04/10 where the mechanism of injury indicates that the claimant moved a 260-pound screen and felt a pop in his back. The claimant works for a. The claimant reported pain in his right buttock that goes down into his knee. The claimant had no pain in his calf or foot. The claimant's neurological examination reveals severe decreased flexion, extension, and rotation of the lumbar spine with paraspinal and facet tenderness, L3-4, L4-5. Motor testing reveals strength graded at 4 out of 5 in the right quadriceps and 4 out of 5 in the right hamstring. Otherwise, normal motor testing. Sensory testing reveals decrease in L3 and L4. The claimant has positive straight

leg raising on the right. Reflex testing, quadriceps, 2/5 on the right, 3/5 on the left. Achilles reflex, 3/5, equal bilateral. Reference is made to an MRI, which "shows a foraminal right L4-5 disc herniation that is fairly small". The impression is noted as consistent with a right L3-4 radiculopathy.

The claimant had a follow up on 06/08/10 where he states he cannot walk less than a block and cannot get off the toilet because of severe pain, which is localized to the right buttock and hip and anterior thigh. The claimant has no pain complaint with respect to the extensor hallucis longus and plantar flexion. Straight leg raise reveals severe pain in the claimant's right posterior buttock and gluteal area. The treating physician notes that he has reviewed the claimant's MRI from the past and, "I really do not see anything that could explain the severity of his symptoms". A recommendation is made for a "new better quality closed MRI and see what it shows".

A 06/24/10 evaluation reveals that an updated MRI was obtained on 06/21/10, report not available for review, which is described by the treating physician as a "very poor quality MRI, but does suggest that this gentleman has an extraforaminal disc at the 4-5 level on the right". It is reported that the claimant has failed physical therapy and antiinflammatory treatment. The claimant has a "lot of cogwheel of his extremities when I got to straighten them out". It is reported that the quality of the films is less than ideal and it is recommended that the claimant have an isolated block of the L4 nerve root and see if this will calm this down.

A 07/20/10 office visit indicates that the 06/21/10 MRI "was of incredibly poor quality and I recommend either a good closed quality MRI at a reasonable facility". The treating physician is uncertain as to why the claimant "continually gets sent to these very bizarre MRI facilities". The claimant's exam showed positive straight leg raise on the right side with L4 type weakness on the right side with a slightly diminished knee jerk with a positive straight leg raise. Again, a recommendation is made for a nerve root block.

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

ODG criteria for lumbar magnetic resonance imaging requires objective documentation of neurologic deficit related to the spinal cord such as myelopathy, cauda equina syndrome, unequivocal evidence of radiculopathy, or suspicion of cancer, infection, of other "red flags". In the claimant's case his physical examination while relating 4/5 strength with the quadriceps also indicated 4/5 strength with hamstring, which is related to L5-S1, not consistent with an L4 radiculopathy. Additionally, the claimant's sensory examination was apparently reported as involving a decreased sensation in both L3 and L4 dermatomes. Again, there is lack of clarity with respect to the suspected nerve root involvement. The impression was of symptoms consistent with a right L3-4 radiculopathy. On review of the claimant's MRI of 04/27/10 the radiologist reported no pathology with respect to the L3-4 interval nor is there any evidence of a compressive lesion of L3. With respect to that 04/27/10 lumbar MRI, the radiologist has made an interpretation with respect to the L4-L5 level indicating a 2 millimeter broad based disc with annular tear on the right just abutting the right L4 nerve root within the proximal right L4-5 neural foramen without focal disc protrusion central or lateral recess stenosis. The radiologist has not diagnosed an actual neural compressive lesion of the exiting L4 nerve root.

The claimant's physical examination does not objectively demonstrate L4 radiculopathy in that physical examination findings have apparently involved L4-5 roots as well as the L3 root. Due to this lack of clarity a specific diagnosis of L4 radiculopathy cannot be substantiated.

With respect to the lack of quality of the MRI studies that the claimant has undertaken on 04/27/10 with the report reviewed here in this report, as well as unavailable 06/21/10 MRI, it is not clear as to what issue is being raised by the treating physician in as much as he is aware of suspected pathology at L4-5 with possible L4 root pathology. On review of the 04/27/10 MRI it has been made quite clear by the radiologist who certainly would have commented on a poor quality study, where the radiologist did discuss pathology at L4-5 involving a 2-millimeter disc bulge with abutting, but no compression of the L4 nerve root on

the right.

Absent objective documentation of a neurological deficit related to the spinal cord or objective evidence of radiculopathy, and given the fact that there has been a professional interpretation of a 04/27/10 MRI by a radiologist, that does outline issues with respect to L4-5 interval, but not pathology that could result in L4 radiculopathy, a request for a repeat lumbar MRI without contrast cannot be considered medically appropriate or medical necessary.

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

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)