

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** September 2, 2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar MRI with and without contrast 72158

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

M.D., Board Certified Orthopedic Surgeon  
Board Certified Spine 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**

ODG-TWC Low Back  
, 7/12/10, 8/5/10  
D.O. 8/27/04 to 7/15/10  
Neurosurgeons & Associates 7/6/10  
M.D. 8/5/10  
M.D. 7/27/10, 7/6/10, 12/4/09  
Center 12/18/08 to 8/25/09  
Imaging 4/4/07  
Center 12/1/04, 3/26/04, 9/19/03, 10/20/03  
Associates, 4/27/07

**PATIENT CLINICAL HISTORY SUMMARY**

This is a patient who has had a remote injury with resolution of his problem in xxxx when he had lumbar surgery. The patient is documented to have had no subsequent issues with his back. He then had an injury in and had back pain with exacerbations. There is a note within the medical record that there has been exacerbation of back pain and right leg pain with new radiculopathy radiating down the right leg all the way to the foot. It is noted the patient had a positive straight leg raise on physical examination on the right, but the motor examination is intact as is sensory examination.

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

There is documentation of a progressive neurological complaint. There is positive straight leg raising which appears to be a real limitation as it occurs at 45 degrees and not less. This patient meets the criteria outlined in the Official Disability Guidelines and Treatment Guidelines recommending repeat imaging in the presence of a progressive neurological deficit. It is for this reason that the previous adverse determination has been overturned. The previous reviewer felt that the MRI scan with and without contrast may not be the appropriate study in a patient who has had an instrumented lumbar surgery, but, in fact, this

is a perfectly appropriate study provided that the instrumentation is titanium and not stainless steel. The reviewer finds that medical necessity exists for Lumbar MRI with and without contrast 72158.

**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)