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Notice of Independent Review Decision

DATE OF REVIEW: 09/22/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient MRI of the Lumbar Spine

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Outpatient MRI of the Lumbar Spine		-	Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request		17		
2	Referral		1	09/07/2010	09/07/2010
3	First Report of Injury		1	11/21/2008	11/21/2008
4	Diagnostic Test	Imaging Center	1	03/16/2009	03/16/2009
5	IRO Decision	Professional Associates (PA)	7	07/28/2010	07/28/2010
6	IRO Request		9	08/27/2010	09/03/2010
7	Office Visit Report	(MD)	6	04/16/2010	07/26/2010
8	Initial Denial Letter		18	06/15/2010	08/09/2010
9	Archive		43	09/14/2010	09/14/2010

PATIENT CLINICAL HISTORY (SUMMARY):

The patient is a male who suffered a straining injury to cervical and lumbar spines moving a gauge machine onto a truck on xx/xx/xx. His initial symptoms included cervical pain and pain radiating into both upper extremities. Subsequently, he developed low back pain and pain radiating into each buttock. An MRI scan of the lumbar spine was performed on 3/16/09 which revealed degenerative disc disease with disc protrusions at L4-L5 and L5-S1. On 04/16/2010, physical findings included positive bilateral Straight Leg Raise and DTR's symmetrically normal bilaterally. On 04/30/2010, right second toe dysesthesias was documented. On 07/26/10, sciatica was documented with pain radiating along the lateral aspect of the left thigh to the

popliteal fossa. Straight Leg Raise was positive on the left, and diminished patellar reflex and Achilles reflex on the left is documented. A request was submitted for preauthorization of outpatient repeat MRI scan of the lumbar spine. The request was considered and denied; it was reconsidered and denied.

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

1. Is the performance of an MRI scan of the lumbar spine medically necessary and appropriate? Yes. The applicable passage from the ODG, 2010, low back chapter is cited above. Additional symptom of sciatica on the left side has developed. It would appear that this patient has developed evolving neurological physical findings including a positive Straight Leg Raise test on the left, and diminished patellar and Achilles' reflexes. It would appear that this patient is slowly developing a pattern of symptoms and physical findings compatible with the diagnosis of myelopathy. The prior denials of this request to pre authorize MRI scan of the lumbar spines should be overturned. Medical necessity for such a diagnostic procedure has been established. Approval of this request to pre authorize the MRI scan of the lumbar spine at this time should be provided.

MRIs (magnetic resonance imaging):

Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) ([Andersson, 2000](#))
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)