

# Prime 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/20/2010

**IRO CASE #:**

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

Repeat MRI Lumbar

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

M.D., 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**

Official Disability Guidelines 2010- Low Back, MRI

Dr. 09/25/96

Dr. 04/30/03, 07/09/03, 09/29/05, 03/20/06, 06/07/07, 07/11/07, 10/15/08, 04/07/10, 06/09/10

MRI 6/13/03

HDI 06/23/10, 07/16/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female injured on xx/xx/xx lifting a box. She apparently reported back pain after injury. On a xx/xx/xx visit with Dr., an MRI was reported to show a central herniation at L5-S1 with no nerve root impingement. The claimant came under the care of Dr. for back and lower extremity pain first reported as right and then left lower extremity. She was treated with anti-inflammatory medications and exercises. A 06/13/03 MRI of the lumbar spine showed mild desiccation at L5-S1, and a mild broad based disc bulge with no significant canal or foraminal stenosis. On 09/29/05, Dr. saw the patient for an increase in low back pain and left lower extremity pain. The examination showed there was good motion. She had bilateral decreased sensation of the anterior thigh and posterior and lateral legs. There was decreased patellar and Achilles reflexes on the left and a positive left straight leg raise. X-rays showed decreased disc space at L5-S1 unchanged since 2003. The claimant was seen in 2006 and 2007 by Dr. with ongoing back and left leg pain complaints. The neurological examinations were intact. The claimant continued treatment with anti-inflammatory medications and exercises.

On 04/07/10, Dr. noted there had been 2 weeks of low back and left leg pain. There was pain with flexion and extension. She had decreased sensation in the left anterior thigh, lateral thigh, and anterior, lateral and posterior of the lower leg. There was positive right straight leg raise that caused contralateral lumbar pain. Motor and reflexes were intact.

An MRI was recommended but denied based on short term symptoms. By 06/09/10, Dr. reported that there had been persistent pain with back pain greater than leg pain. The examination was unchanged. X-rays showed no spondylolisthesis, good alignment but there

was facet gapping at L4-5. An MRI was again requested. This was denied twice on peer review.

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

This female claimant has a long history of back and left leg pain with intermittent sensory or reflexes changes over the years. She has had recurring back and left leg pain that has not changed over the years. Although there is reported subjective decreased sensation in the left lower extremity it does not appear to be in a specific dermatomal pattern. Other than that, the neurological examination has remained normal. Official Disability Guidelines 2010 supports "Repeat MRI's are indicated only if there has been progression of neurologic deficit." That is not the case here based on the medical records provided.

Therefore, this reviewer agrees that the Repeat MRI Lumbar is not medically necessary.

Official Disability Guidelines 2010- Low Back, MRI

Repeat MRI's are indicated only if there has been progression of neurologic deficit

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-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)