

Becket Systems

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar MRI with and without contrast

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

MD, Board Certified Spine Surgeon and 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

, 7/15/10, 8/4/10

Spine Associates 12/8/09 to 7/10/10

Surgical Hospital 3/17/10

1/9/10, 3/20/09

Injury Center 8/12/09 to 7/6/10

M.D., Ph.D. 2/8/10, 4/12/10

PATIENT CLINICAL HISTORY SUMMARY

He was injured on xx/xx/xx. He underwent a laminectomy/discectomy at the L4-L5 level on 03/17/09. He reportedly had good results from a lumbar epidural steroid injection. He had an uneventful postoperative course and did well. He is being progressed through work hardening type of exercises and came in complaining of sharp, shooting pain to his leg. Neurologic examination of all dermatomes of L2 through S1 was intact. Reflexes were normal and symmetric. Motor exam was intact, sensory examination was intact, and straight leg raising was negative, producing only buttock pain but no pain further down in the extremity. He was stated to have some antalgic gait. Current request is for an MRI scan with and without contrast.

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

The Official Disability Guidelines and Treatment Guidelines would recommend a repeat gadolinium MRI scan for a patient who is post surgical with progressive neurologic deficit. The treating physician has documented that there is absolutely no deficit in this individual's case; hence, for this reason and without the progressive neurological deficits or even a deficit, the previous adverse determination could not be overturned. It is the reviewer's opinion that there is no medical necessity at this time for Lumbar MRI with and without contrast.

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)