

# C-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Apr/11/2011

**IRO CASE #:**

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

MRI Lumbar Spine with/without contrast; X-ray Lumbar Spine

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

MD, Board Certified Neurosurgeon

**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**

Direct 3/11/11, 3/21/11

2/18/11

MD 1/17/11 to 1/18/11

Imaging and Treatment Center 3/8/11

Clinic Inc no date

Official Disability Guidelines

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male with a date of injury xx/xx/xx, when he fell back and hit his head. On 08/19/2010 he underwent a left L4-L5 discectomy. He improved for one month and then deteriorated. He complains of back and left leg pain with tingling. His examination reveals a decreased left knee and ankle jerk and weakness in the left extensor hallicus longus, anterior tibialis, and gastrocnemius. The provider states that plain films performed on his office show instability, but there has been no official radiology reading of these films. The provider is requesting an MRI of the lumbar spine and x-ray of the lumbar spine.

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

Upon independent review, the reviewer finds that the MRI Lumbar Spine with/without contrast and X-ray Lumbar Spine are medically necessary. According to the ODG, "Low Back" chapter, "MRI's are test of choice for patients with prior back surgery." This claimant has had worsening pain since his surgery and has not had any neuroimaging done since the surgery. There are neurologic deficits present. Therefore, MRI Lumbar Spine with/without contrast is medically necessary. The plain films of the lumbar spine (X-ray Lumbar Spine) are also medically necessary. According to the ODG, "Low Back" chapter, flexion and extension films may be needed to examine "for spinal instability, may be a criteria prior to fusion, for example

in evaluating symptomatic spondylolisthesis when there is consideration for surgery". In this case, the provider took images in his office that were suspicious for instability. The findings of instability would impact the care of this patient. Independent radiographs are needed in order to establish instability. Therefore, the requested X-ray Lumbar Spine is medically necessary. Upon independent review, the reviewer finds that the MRI Lumbar Spine with/without contrast and X-ray Lumbar Spine are medically necessary.

**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)