

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar MRI

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

Dr. 08/10/10, 09/30/10, 10/07/10, 10/21/10, 10/28/10, 11/11/10, 12/14/10, 01/11/11, 02/15/11

Peer Review 02/25/11, 03/07/11

Official Disability Guidelines and Treatment Guidelines

X-ray lumbar spine 06/25/09

X-ray thoracic spine 06/15/09

MRI lumbar spine 07/09/09

EMG/ NCS 09/29/09

PATIENT CLINICAL HISTORY SUMMARY

This is a XX year-old female who was reportedly injured in XX/ XXXX when she struck a parked vehicle and sustained injury to her lower back. Diagnoses included low back pain with signs of radiculopathy and chronic low back pain. A lumbar spine x-ray performed on 06/25/09 showed sacralization of L5, mild compression fracture T12 and diffuse lumbar spondylosis. A lumbar MRI followed on 07/09/09, which revealed a mild disc bulge and disc degeneration L3-4 and a mild disc bulge and facet arthrosis identified L5- S1. An EMG./ NCS of the right lower extremity performed on 09/29/09 showed finding suggestive of probable right S1 nerve root irritation. It was noted that a previous left leg EMG / NCS showed left S1 nerve root irritation. Physician records revealed the claimant with reported persistent low back and leg pains with associated lower back spasms despite medications and numerous Toradol injections. Examinations revealed tenderness to the lumbar spine and the claimant with a slow gait and using a cane for ambulation. A physician record dated 12/14/10 noted the claimant with an incident on XX/XX/XX when her left knee buckled from under her and she developed immediate pain in the lower back, which radiated to both legs. Acute exacerbation of low back pain was diagnosed. Continued use of medications was advised along with an injection of Toradol. A 01/11/11 physician record noted the claimant with continued low back and leg pain. Muscle strength was noted to be intact and there was no sensory loss on examination. A follow up physician record of 02/15/11 revealed the claimant

having a lot of pain everywhere especially in her back. Numbness on the left side was also reported. The claimant was using a cane to ambulate due to pain. Examination revealed a stooped over posture, muscle spasm of the lower back, sacroiliac joint tenderness bilaterally, lumbosacral tenderness, normal strength and subjective decreased sensation left leg most pronounced L5- S1 left side. A Toradol injection was given and a lumbar MRI was recommended.

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 previous adverse determination/adverse determinations should be upheld.

Review of the records provided supports the claimant is a XX-year-old woman who reported an injury XX/XX/XX. She struck a parked vehicle and sustained a reported injury to her lower back. She had an incident XX/XX/XX when her left knee buckled from under her, and she developed low back pain that radiated to her legs. Recent EMG/NCS and MRI showed on 07/09/09 the claimant had disc bulging at 3-4 and 5-1 but no acute herniated disc, no acute nerve root impingement. EMG/NCS showed probable right S1 nerve root irritation 09/29/09. Previously, EMG/NCS on 07/28/09 showed left S1 nerve root irritation.

In 2010, the claimant was treated with Toradol injections. She had reports of pain; decreased sensation L5. She was using a cane. The claimant continued with complaints of pain, reporting average pain of 10/10 supporting that subjective complaints of pain appear excessive when correlated with the medical records provided and diagnostics, and the claimant was treated with Toradol and injections.

Dr. recommended a repeat MRI due to the claimant's reported pain. However, on 02/15/11, the claimant was reporting pain everywhere especially back, numbness on the entire left side and was using a cane.

At this time, there is no evidence of dermatomal distribution or radiculopathy. Subjectively, the claimant has decreased sensation left leg.

There is no progressive neurologic deficit, no acute radiculopathy or focal loss of motor tone, reflexes, or decreased sensation in a dermatomal distribution. The claimant's subjective complaints of pain and perceived disabilities appear excessive when correlated with objective physical examination findings, diagnostic testing.

There was no record of functional capacity evaluation with validity testing or orthopedic independent medical examination or qualified medical examination to assess subjective complaints of pain in conjunction with objective physical examination findings, diagnostic testing. At this time, the reviewer finds no medical necessity for Lumbar MRI.

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)