

SENT VIA EMAIL OR FAX ON  
Aug/25/2011

## Pure Resolutions Inc.

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/25/2011

**IRO CASE #:**

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

MRI Lumbar

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

Neurosurgery

**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**

OD Guidelines

1. Request for IRO dated 08/08/11
2. Utilization review determination dated 06/29/11
3. Utilization review determination dated 08/02/11
4. Clinical records Dr. dated 06/20/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who is reported to have history of motor vehicle accident in 1993. On 06/02/11 his pain intensified and progressively worsened and is reported to be unbearable. He cannot sit for any length of time without pain. He cannot find a comfortable position. He reported some relief with standing and pain medications. He was seen at emergency department and given Lortab 7.5 mg which is reported to have helped with pain. On physical examination he is 5'8" tall and weighs 205 lbs. His past medical and surgical histories are noncontributory. Radiographs of lumbar spine did not show any fractures of spondylolisthesis. He has limited lumbar range of motion secondary to pain, tenderness to

palpation. He has Trendelenburg gait on the right. Motor strength is reported to be 4/5 on right EHL, 3/5 on right tibialis anterior. Sensory is diminished in L5 distribution. Straight leg raise is positive on right. Claimant was subsequently recommended to undergo MRI of lumbar spine.

The initial request was reviewed by Dr. Dr. non-certified the request noting the claimant has complaints of ongoing pain with associated lower extremity issues. He notes that given the claimant's date of injury it would be reasonable to expect the claimant would have previously undergone MRI. No documentation was submitted for review regarding previous imaging studies.

On 08/02/11 the appeal request was reviewed by Dr. Dr. non-certified the request and indicates the claimant has complaints of right sided low back pain that radiates into right lower extremity. He noted the claimant's physical examination. He reported recent lumbar x-ray report is not included for review. There is no objective documentation of exhaustion of recommended conservative treatment such as oral pharmacotherapy or physical therapy. He notes the claimant is obese with BMI of 40.3 which could be considered a factor in low back symptoms. He subsequently finds the request is not medically necessary.

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

The request for MRI of the lumbar spine is not supported by the submitted clinical data and the previous determinations are upheld. The available clinical records indicate that the claimant has a remote history of motor vehicle accident occurring inxxxx. He presents on 06/20/11 with increasing low back pain and profound findings on physical examination. The treating the requesting provider does not provide any other historical data from which to place these physical examination findings into context. It is unclear if these represent new neurologic compromise or that these are residuals from the previous injury. The claimant most likely will require an MRI of the lumbar spine however in the absence of historical information from which to place the request and physical examination findings into context the request cannot be certified as medically necessary.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**