

SENT VIA EMAIL OR FAX ON  
Feb/17/2011

## Independent Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Feb/15/2011

**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:**  
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**

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a xx-year-old male who slipped and fell, catching himself with his hands and striking his head and back to the floor. The initial diagnosis was not provided. Dr. performed a Designated Doctor's Evaluation (DDE) on 10/06/10 for complaints of pain in the shoulders, low back and both hands. Examination of the back showed tenderness to palpation of the lumbar spine at L4-S1, coccyx, sciatic notch and bilateral trochanters. Supine straight leg raise was 40 degrees on the right and 60 degrees on the left, seated straight leg raise was 50 degrees on the right and 70 degrees on the left. Sensation and reflexes were normal bilaterally. X-rays, MRI and therapy were recommended.

The claimant was seen by an unknown physician on 11/16/10 and complained of posterior low back pain and numbness down both legs. He had taken over the counter medications without significant benefit. The examination showed a severe antalgic gait with forward leaning posture and decreased stride and step. Patellar reflexes were 1+ on the right, ankle reflexes 2+ bilaterally and sensation to pinprick was decreased at the S1 dermatomes on the right. Supine straight leg raise was 50 degrees on the right and 60 degrees on the left for an increase in low back and right leg pain. Kemp was positive on the right for low back and posterior right leg pain. Valsalva was positive for low back and right posterior leg pain. Soft tissue palpation elicited pain and revealed severe myofascial trigger points and myospasms in the paraspinals bilaterally and quadratus lumborum. Shoulder strain/sprain, wrist sprain/strain, lumbar sprain/strain, displacement of lumbar IVD and neuralgia were diagnosed. Cervical and lumbar MRIs and therapy were recommended.

On 12/21/10 the claimant presented to Dr. for surgical consultation due to failure of conservative care for the neck, upper extremity, low back as well as bilateral leg pain, which was greater on the left that day. His low back pain was worse than the neck and arm pain. X-rays of the pelvis (date not provided) reportedly showed the hips without degenerative joint disease and sacroiliac joints without sclerosis and no focal lesions. X-rays of the lumbar spine with flexion/extension views (date not provided) reportedly showed L5-S1 clinical instability with anterior column functional spinal unit collapse to 3.5 millimeters with normal being 15 millimeters in this individual for total change of 11.5 millimeters. There was facet subluxation, foraminal stenosis, lateral recess stenosis and retrolisthesis of approximately 5 millimeters in extension indicating both a posterior column lack of support and rotational instability. It was noted that it met criteria for clinical instability at L5-S1. The examination showed a positive spring test anterior iliac crest line, positive extensor lag, positive sciatic notch tenderness bilaterally although a little bit worse on the left than the right, positive flip test bilaterally, positive Lasegue on the left to 45, positive Bragards, absent posterior tibial tendon jerks bilaterally and decreased ankle jerk on the left. There was mild weakness of gastroc soleus on the left without atrophy. Cervical and lumbar radiculopathy with instability, rule out herniated nucleus pulposus was diagnosed. A Medrol Dosepak for a week and cervical and lumbar MRIs were recommended.

The cervical and lumbar MRIs were denied on reviews 01/11/11 and 01/20/11.

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

The requested lumbar MRI is not medically necessary based on review of the medical records.

The medical records provided begin on 10/06/xx and document this claimant's back and leg complaints. However, the injury occurred in XXXX, and there are no medical records from XXXX through October 2010 documenting conservative treatment or physical findings.

While the claimant had some abnormalities documented on the medical records provided, there is no way to determine whether these are new findings or whether they have been there for the entire length of time. There is also no discussion in any of the medical records as to whether this claimant has had a previous lumbar MRI.

Obviously, MRI imaging is indicated in patients who have a progressive neurologic deficit or are considering surgery. The issue in this case is it would be extremely unusual for a person with these type of findings never to have undergone an MRI in what is now almost two years after an acute injury with documented abnormalities. Therefore, most likely, there has been a previous lumbar MRI which is not described in the sparse records provided.

In light of the fact that most likely there has been previous testing and there is no documentation in the records of a progressive change in this person's condition, then there is no medical necessity for a new MRI until those questions can be answered.

**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)