

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx year old male. Records indicate that the patient was operating equipment that got stuck on one of the rails and the patient used his body, hand and legs and back to push the cage and move it forward and felt immediate pain. MRI of the lumbar spine performed on 12/20/09 showed L4-5 disc extrusion. Repeat MRI on 06/23/10 reported a broad based left central/left subarticular disc herniation at L4-5 measuring approximately 7mm and contacting the traversing left L5 nerve root. A central disc herniation was noted at L5-S1 with foraminal narrowing. Electrodiagnostic testing reported findings most consistent with lumbar radiculopathy primarily affecting the left L4 nerve root. On 08/25/10, the patient underwent left L4-5 laminotomy and discectomy with decompression of the left L5 nerve root. The patient participated in a course of post-operative physical therapy. Post-operatively, the patient was noted to be doing well. Examination by Dr. on 10/06/10 reported no nerve root tension signs with normal motor and reflex exam, and sensory exam not reported. SOAP note from 12/15/10 noted that the patient reported a pain level of 8/10. Objective findings reported restricted range of motion of the lumbar spine, some sensory loss top of left foot. A utilization review determination dated 12/30/10 found that a repeat lumbar MRI was not indicated as medically necessary. Dr. noted that he recommended non-certification of the request for the following reasons: 1) Official Disability Guidelines recommend MRI in certain cases with previous surgery, but adequate rationale must be presented. In this case, there was no evidence of significant change in clinical picture, particularly with regard to new onset motor loss. Dr. further noted there was no recent clinical information found from the surgeon recommending the study and delineating specific reason for advanced imaging.

A reconsideration/appeal review by Dr. dated 01/05/11 which upheld the original adverse determination. Dr. noted that repeat imaging was not indicated except as follows: to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine efficacy of therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by newer altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, when the treating provider and radiologist from a different a practice have reviewed previous imaging study and determined it to be technically inadequate. Dr. noted that medical information from the requesting physician does not identify recent documentation of the diagnosis/condition with supported subjective/objective findings for which a repeat study is indicated. This is an IRO request for a repeat MRI of the lumbar spine.

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

Based on the clinical information provided, the request for repeat lumbar MRI is not recommended as medically necessary. The patient is noted to have sustained an injury to the low back in 11/09. Imaging studies revealed a left central/subarticular disc herniation at L4-5 contacting the traversing left L5 nerve root, with electrodiagnostic evidence of a left L4 radiculopathy. The patient underwent a left L4-5 laminotomy and discectomy on 08/25/10. He participated in a course of post-operative therapy, and was noted to be doing well. There was no evidence of progression of neurologic deficit with no motor or reflex changes reported. A SOAP note from 12/15 indicated some sensory loss, but this was not adequately assessed. Per ODG guidelines, repeat MRI is indicated only if there has been progression of neurologic deficit. The patient was noted to have had sensory deficits prior to surgical intervention, and therefore there is no evidence of progressive neurologic deficit to warrant repeat MRI. IRO recommend that the previous decisions be upheld.

MRIs (magnetic resonance imaging)

Recommended for indications below. MRI's are test of choice for patients with prior back surgery. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation).

Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"

- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) ([Andersson, 2000](#))
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient

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

- ACOEM- AMERICAN 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)

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with 28 TAC §12.206(d)(19), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on .