



Notice of Independent Review Decision

DATE OF REVIEW: 01/07/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI

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

Board Certified Chiropractic Consultant
Board Certified Chiropractic Orthopedist
Board Certified Quality Assurance and Utilization Review Physician
ADL Level 2
MMI/IR Certified
Designated Doctor Certified

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

MRI – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Patient History and Physical Medicine Assessment, D.C., 11/30/10
- Request for MRI, Dr. 12/01/10, 12/10/10
- Denial Letter, 12/06/10, 12/15/10
- Lumbar Spine MRI, M.D., 12/07/10
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient is a male, date of birth xx//xx/xx, who was injured on the job on or about xx/xx/xx when he was "pulling 3" hose that suddenly stopped pulling". Records indicate the patient was evaluated at Injury on xx/xx/xx. He was evaluated at the Hospital emergency room. He was referred to by his company; and was then evaluated on 11/30/10 at the Bone & Joint Clinic by D.C. A request for a lumbar spine MRI was submitted dated 12/01/10. The request was denied on or about 12/06/10. The lumbar spine MRI was performed on 12/07/10/ A second request was submitted for approval of the MRI study on 12/10/10; and this request was also denied on or about 12/15/10.

Based upon the medical records provided at this time, the following observations are noted:

The patient is a male, DOB xx/xx/xx , who was injured on the job on or about xx/xx/xx when he was "pulling 3" hose that suddenly stopped pulling".

Records indicate the patient was evaluated at Injury on xx/xx/xx (no records provided); he was evaluated at the Hospital ER on xx/xx/xx (no records provided); and he was referred to by his company but it appears that this physician may not accept W/C cases (no records provided).

On xx/xx/xx, three (3) days post injury date, the patient was evaluated at the Bone & Joint Clinic by D.C. Primary complaint was low back pain with radiation to left leg with anterior thigh numbness. Severity of pain is noted to be 10/10. Clinical exam findings only list a positive Kemps Test right and left and decreased lumbar ROM with pain (flexion 30, extension 10, right and left lateral flexion 10 and 10). There is no documentation of any neurological findings (sensory loss, motor loss, changes in reflexes). According to the Diagnosis Sheet dated 11/30/10, diagnoses included 722.1 IVD Syndrome, 724.4 lumbar radiculitis and 847.2 lumbar sprain/strain. It was noted that the patient was given medications at the ER to include Skelaxin, Norco and Dose Pack; and plan included lumbar MRI; lumbar rehab program, 3 x 4 weeks; and the patient was excused from work until the MRI results are reviewed.

On 12/1/10, Dr. submitted a preauthorization request for physical therapy, codes 97530-2, 97140, G0283 and 97012, 3 x 4 weeks and a lumbar spine MRI at which time he noted, in part, the following:

Current Complaints: Low back pain with numbness of left leg. Painful when sitting or lying down. Mr. Shay cannot sit for extended periods of time. Nor can he lay down without spasms.

1° - Diagnosis: <u>IVD Syndrome- Lumbar</u>	ICD-9 Code(s) <u>722.10</u>
2° - Diagnosis: <u>Lumbar Radiculitis</u>	ICD-9 Code(s) <u>724.4</u>
3° -Diagnosis Lumbar sprain/ strain	ICD-9 Code(s) <u>847.2</u>

Clinical Summary of findings and treatment plan: Mr. Shay has pain that radiates from low back down his left leg. He has anterior thigh numbness. Dr. Enlow has taken Mr. Shay off of work until we get the results from the Lumbar Spine MRI. The adjuster stated that he will not approve an MRI, suggested that we go through preauthorization for MRI of Lumbar spine. Based on symptoms, trying to rule out herniated disc. Mr. Shay tested positive on both right and left side in the Kemps orthopedic test.

Decrease range of motion in : Lumbar spine.

On 12/6/10, the request for the lumbar spine MRI was denied, at which time the following, in part, was noted:

DECISION/CLINICAL RATIONALE AS STATED IN THE PEER REVIEWER'S REPORT:

REQUEST: MRI lumbar spine EXPLANATION OF FINDINGS: (from peer review report) No. The documentation fails to meet any of the inclusion criteria for MRI of the lumbar spine. There was no clinical corroborative data suggestive of radiculopathy, suspected chance fracture, emergence of red flags, radiculopathy after 1 month of conservative care, myelopathy, cauda equina syndrome or prior lumbar surgery. ODG for Low Back regarding MRI states "Diagnostic imaging of the spine is associated with a high rate of abnormal findings in asymptomatic individuals. Herniated disk is found on magnetic resonance imaging in 9% to 76% of asymptomatic patients; bulging disks, in 20% to 81%; and degenerative disks, in 46% to 93%." And "The new ACP/APS guideline as compared to the old AHCPR guideline is more forceful about the need to avoid specialized diagnostic imaging such as magnetic resonance imaging (MRI) without a clear rationale for doing so. (Shekelle, 2008) A new meta-analysis of randomized trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients." Last "Despite guidelines recommending parsimonious imaging, use of lumbar MRI increased by 307% during a recent 12-year interval. When judged against guidelines, one-third to two-thirds of spinal computed tomography imaging and MRI may be inappropriate." 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 Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision: ODG for Low Back Regarding MRI.

On 12/7/10, a lumbar spine MRI was performed at Center. This study, read by M.D., revealed the following impression:

1. Mild broad-based disk protrusion at the lateral aspect of the left L3-4 neural foramen producing mild left neural foraminal stenosis. Mild neural foraminal stenosis also present on the left at L2-3 due to annular bulging, and at L4-5 and L5-S1 bilaterally due to annular bulging and facet hypertrophy.

2. Congenitally narrow spinal canal at the L1 and L2 levels due to short pedicles. No significant central spinal stenosis.

On 12/10/10, Dr. submitted another preauthorization request for physical therapy, codes 97530-2, 97140, G0283 and 97012, 3 x 4 weeks and the lumbar spine MRI at which time he noted, in part, the following:

Current Complaints: Low back pain with numbness of left leg. Painful when sitting or lying down. Mr. Shay cannot sit for extended periods of time. Nor can he lay down without spasms.

1° - Diagnosis: <u>IVD Syndrome- Lumbar</u>	ICD-9 Code(s) <u>722.10</u>
2° - Diagnosis: <u>Lumbar Radiculitis</u>	ICD-9 Code(s) <u>724.4</u>
3° - Diagnosis: <u>Lumbar sprain/ strain</u>	ICD-9 Code(s) <u>847.2</u>

Clinical Summary of findings and treatment plan: Mr. Shay has pain that radiates from low back down his left leg. He has anterior thigh numbness. Dr. Enlow has taken Mr. Shay off of work until we get the results from the Lumbar Spine MRI. The adjuster stated that he will not approve an MRI, suggested that we go through preauthorization for MRI of Lumbar spine. Based on symptoms, trying to rule out herniated disc. Mr. Shay tested positive on both right and left side in the Kemps orthopedic test.

Revision to original request, we called and spoke with OIEC (division of Workers Compensation) and were told that there should be no problem with getting an initial MRI ordered. So, we had the scan done, based on their recommendation. Included is a copy of the MRI report. As well as the treatment card that shows that patient came in for pharmaceutical support and he cannot get therapy approved. The MRI shows disc protrusions at L2-3, L3-4, L4-5, and L5-S1. Patient has elevated pain in lumbar, Flexion at 30 degrees, Extension at 10 degrees, Lateral both left and right at 10 degrees.

On 12/15/10, the request for the lumbar spine MRI was again denied, at which time the following, in part, was noted:

DECISION/CLINICAL RATIONALE AS STATED IN THE PEER REVIEWER'S REPORT:

REQUEST: MRI lumbar spine EXPLANATION OF FINDINGS: (from peer review report) Peer Review Rationale correlated with applied Guideline: No. Records reviewed reveal that MR imaging over the lumbar spine was performed on 12/7/10. Necessity is not established for this diagnostic series, as conservative measures have not been explored, and there is no progressive neurological symptomology that would warrant this course of care.

Conclusion/Decision to Not Certify: The request for MRI lumbar spine is not medically necessary. References Used in Support of Decision: ODG Treatment Integrated Treatment/Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic)

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

The clinical exam findings submitted by Dr. as of 11/30/10 do not document any

objective neurological deficits or red flags (symptoms and signs, to rule out serious pathology such as tumor, infection, fracture, and cauda equina syndrome) to warrant the MRI study; and the submitted documentation does not satisfy any of the criteria established in the ODG chapter on Low Back for the medical necessity of lumbar spine MRI studies:

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
- 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

Furthermore, it is noted that the patient had not undergone a trial of conservative treatment and there was no indication that the patient was considered to be a surgical candidate. ODG also notes the following: “Patients with severe or progressive neurologic deficits from lumbar disc herniation, or subjects with lumbar radiculopathy who do not respond to initial appropriate conservative care, are also candidates for lumbar MRI to evaluate potential for spinal interventions including injections or surgery.”

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)
- AMA GUIDES 5TH EDITION