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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/24/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI Lumbar Spine with contrast

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

Official Disability Guidelines

Office notes Dr., 09/29/09, 10/27/09, 12/04/09, 01/19/10, 02/17/10, 03/02/10, 03/08/10, 05/11/10, 09/23/10

02/11/10 Office notes of Dr.

09/09/10 Work conditioning report

03/30/10 MRI lumbar spine report

Peer reviews 10/07/10 and 11/23/10

PATIENT CLINICAL HISTORY SUMMARY

This is a male who was status post laminotomy with partial facetectomy, foraminotomy and neural decompression left L4-5. The claimant reported worsening of pain after surgery. A repeat MRI from 03/30/10 showed at L4-5, mild disc degeneration, status post hemilaminectomy. There was a small amount of fluid present in the right lateral aspect of the spinal canal, which abuts the right L5 nerve root. This may represent a small amount of post surgical blood. There was also a small amount of fluid present adjacent to the anterior aspect of the left L4-5 facet. There was no significant compression of the thecal sac. There was no foraminal stenosis. At L5-S1, there was 2 millimeter disc bulging and no central canal stenosis. There was moderate right facet and mild left facet arthropathy. There was mild foraminal stenosis. There was a small fluid collection with adjacent post surgical soft tissue changes present in the subcutaneous tissues posterior to the L4 spinous process. On 05/11/10, the claimant reported no leg pain but continued spine issues. Examination revealed pain with palpation of the lumbar spine and limited range of motion. Diagnosis was possible lumbar radiculopathy. Continued physical therapy was recommended. On 09/23/10, the

claimant reported low back pain and right greater than left leg discomfort. The claimant was unable to heel toe walk secondary to discomfort but was able to squat and rise. Absent right Achilles reflex was noted. Straight leg raise was positive on the right. Dr. stated that the claimant had plateaued with ongoing neural tension sign. An MRI was recommended. The claimant has been treated with Medrol dose pack, physical therapy, work conditioning and Lyrica.

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

It appears this patient underwent surgery laminotomy with partial facetectomy, foraminotomy and neural decompression left L4-5, without complications. The postoperative MRI showed no significant nerve root compression or significant abnormalities. The claimant reported worsening of pain after surgery. The claimant has no progressive neurologic deficit on physical examination findings. He has had more than one month of conservative care and there is request for MRI. This scenario is consistent with uncomplicated back pain with prior lumbar surgery and based on the ODG Guidelines the reviewer finds that medical necessity exists for MRI Lumbar Spine with contrast. ODG indicates MRI is indicated for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned.

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, chapter low back, MRI

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-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)