

INDEPENDENT REVIEWERS OF TEXAS, INC.

4100 West El Dorado Pkwy · Suite 100 – 373 · McKinney, Texas 75070

Office 469-218-1010 · Toll Free 1-877-861-1442 · Fax 469-218-1030

e-mail: independentreviewers@hotmail.com

Notice of Independent Review Decision

DATE OF REVIEW: 12/28/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: APPEAL MRI Lumbar Spine

Request Received Date: 10/21/2010

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

Texas Board Certified Physical Medicine & Rehabilitation

Certified in Hyperbaric Medicine

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 04/30/10 - MRI Lumbar Spine
2. 09/27/10 - Clinical Note - MD
3. 10/12/10 - Utilization Review
4. 10/28/10 - Utilization Review
5. 11/12/10 - Appeal Request
6. 11/16/10 - Clinical Note - DC
7. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx while attaching a tow bar to an

An MRI of the lumbar spine performed 04/30/10 demonstrated a left laminectomy defect at L4-L5. There was epidural fibrosis about the proximal left L5 root in the lateral recess. Mild arachnoiditis was seen. A 4 mm left lateralizing disc bulge or protrusion was present, with suggestion of mild left lateral recess narrowing at the level of the proximal left L5 root. At L5-S1, there was a 3 mm broad-based posterior disc protrusion with contact and possible flattening of the right S1 root in the lateral recess. There was a small L3-L4 annular disc bulge without nerve root impingement.

The employee was seen for evaluation on 09/20/10 with complaints of low back pain rating 8 out of 10 on the visual analog scale. The pain worsened with sitting, standing, and walking. Physical examination revealed mild to moderate taut and tender fibers of the low back. The left sacral region at the sacroiliac area, specifically the sacroiliac joint, had moderate taut and tender fibers. There was a short leg on the left when lying prone secondary to pelvic distortion. There was weakness of the lumbar/core stabilizing musculature. Kemp's test was positive bilaterally. Straight leg raise was positive on the left. Lumbar range of motion was decreased. The employee was assessed with lumbar disc displacement, thoracic or lumbosacral radiculitis, facet syndrome, muscle spasm, and muscle disuse atrophy. The employee was recommended for twelve sessions of physical therapy.

The employee was seen for evaluation on 09/27/10 with complaints of low back pain with radiation to the left lower extremity. The employee stated the pain worsened with walking, stooping, and forward bending. The employee reported some numbness of the left lower extremity. Physical examination revealed tenderness to palpation of the lumbosacral spine. Straight leg raise was negative, but the employee did report some discomfort at 90 degrees. Sensory examination revealed subjective numbness of the left leg and foot. There was weakness of the left quadriceps muscle. The deep tendon reflexes were normal. The employee was recommended for MRI of the lumbar spine with contrast.

The request for an MRI lumbar spine was denied by utilization review on 10/12/10 due to lack of documentation of progression of neurological deficits.

The request for an MRI of the lumbar spine was denied by utilization review on 10/28/10 due to lack of evidence of progressing neurological deficits. The employee was able to flex to 40 degrees and extend to 15 degrees.

The employee was seen for evaluation on 11/16/10. The employee complained of bilateral lumbar pain rating 5 out of 10. Physical examination revealed mild to moderate taut and tender fibers of the low back. The left sacral region at the sacroiliac area, specifically the sacroiliac joint, had moderate taut and tender fibers. There was a short leg on the left when lying prone secondary to pelvic distortion. There was weakness of the lumbar/core stabilizing musculature. Kemp's test was positive bilaterally. Straight leg raise was positive on the left. Lumbar range of motion was decreased. The employee was assessed with lumbar disc displacement, thoracic or lumbosacral radiculitis, facet syndrome, muscle spasm, and muscle disuse atrophy. The employee was recommended for MRI of the lumbar spine with contrast.

An appeal request dated 11/22/10 stated the prior MRI was not completed with contrast and provided slices that were too thick to show the necessary details. Additionally, the employee experienced a reinjury that was reported after the initial MRI.

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

The clinical documentation does provide sufficient objective and subjective findings to support repeat MRI studies of the lumbar spine. The employee is status post laminectomy at L4-L5 and initially had complaints of primarily low back pain. The employee was referred for physical therapy; however, it is unclear if the employee attended any physical therapy. The follow-up evaluations of the employee do reveal weakness in the left quadriceps muscle, and the employee has developed radiating pain to the left lower extremity.

Given the employee's previous laminectomy at L4-L5 and the employee's newest complaints of radiating pain along with the quadriceps weakness, a repeat MRI study of the lumbar spine would be indicated to rule out any recurrent disc herniation. The request is standard of care and medical necessity is supported.

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

Official Disability Guidelines, Online Version, Low Back Chapter