

# US Decisions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jul/11/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Repeat MRI of lumbar spine CPT code 72148

**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**

UM Forms: 05/05/11, 05/20/11

Official Disability Guidelines

Office Note Dr, DC: 11/29/10, 04/08/11

Left Shoulder x-ray report: 03/01/11

MRI Report Left Shoulder: 03/11/11

New Patient Evaluation & Office Notes Dr. MD Ortho: 03/01/11, 03/30/11, 04/27/11

Pre-Auth Form Left Shoulder Injection Dr.: 04/27/11

New Patient Evaluation Dr. MD: 04/18/11

Letter of Medical Necessity Dr.: 04/27/11, 05/19/11

Request Form Cervical & Lumbar MRI Dr.: 11/27/10, 05/19/11

MRI Peer Review Determination EMG/NCS Dr., DC: 12/06/10

MRI Peer Review Determination EMG/NCS Dr., DC: 04/21/11 Denied

MES Peer Review Report EMG/NCS Dr. DC: 04/29/11 Denied

PRIUM Peer Review Determination PT visits Dr. , DC 04/22/11

PRIUM Peer Review Determination MRI Lumbar Dr., DC: 05/05/11 Denied per ODG Criteria

PRIUM Peer Review Determination MRI Lumbar Dr. DC: 05/23/11 Appeal denied.

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who was injured at work on xx/xx/xx when he fell off an 18-foot high wall with another co-worker falling off as well and landing on top of him. The claimant sustained injuries to his neck, shoulders and back. The current diagnosis is cervical herniated nucleolus polyposa (HNP), cervical radiculopathy, lumbar HNP, lumbar radiculopathy, myospasm, lumbar spondylosis without myelopathy, chronic pain syndrome and left shoulder rotator cuff tear.

Review of records revealed that the claimant was treated conservatively for the first five years

after his injury with therapy, injections and nerve blocks improving to the point that he could return to work part-time. The claimant maintained this status approximately ten years until recently when his pain steadily returned and worsened. The claimant is under the care of Dr. whose exam findings on 11/29/10 noted pain and weakness with numbness and tingling in the left upper and lower extremities along with pain in the left shoulder. Dr. requested diagnostic studies including repeat MRI's of the cervical and lumbar spine.

Dr. referred the claimant to Dr. of orthopedics for evaluation of the left shoulder symptoms. Dr. ordered an MRI of the left shoulder, which demonstrated a tear of the left rotator cuff. Dr. ordered formal physical therapy for the left shoulder as well as an injection into the left shoulder.

The claimant was evaluated by pain management, Dr. on 04/18/11. Dr. examination of the claimant's lumbar spine revealed flattening of the normal lumbar curvature and slightly decreased range of motion. Severe Facet tenderness at L3-4, 4-5 and 5-S1 on both sides with mild paraspinous tenderness on both sides was noted. Sitting and supine nerve stretch testing bilaterally was negative as was Patrick's and Gillet testing. Motor strength was 5/5 throughout with EHL testing 5/5 bilaterally. Kemps testing for facet pain was positive. Bilateral patellar reflex and bilateral Achilles reflexes were 2/4. Normal dermatomes were noted bilaterally in the upper and lower extremities. Dr. impression was chronic pain syndrome, Lumbosacral spondylosis without myelopathy, low back pain, myofascial pain and cervicgia with radiculitis. Dr. also stated that clinically the claimant's pain seemed to be originating from the facet joints and recommended bilateral facet injections at L4-5 and L5-S1. The claimant was prescribed Mobic, Tramadol for pain and Tizanidine for muscle spasms with recommendation to obtain the diagnostic studies ordered by Dr..

The request for lumbar MRI was denied on peer review on 05/05/11 and 05/23/11. Of note Dr. requests for EMG/NCS were also denied per peer review on 12/06/10, 04/21/11 and 04/29/11. Dr. had submitted letters of medical necessity dated 04/27/11 and 05/19/11 in appeal of these reviews.

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

Request is for a Repeat MRI of lumbar spine CPT code 72148. The claimant has had a history of chronic back pain. There is nothing in the information to support a repeat MRI. The claimant has had chronic symptoms. There are no reported changes. He has been evaluated in the past. I would agree with the previous two reviews which denied the request for the MRI. Official Disability Guidelines were referenced. There is no medical necessity for Repeat MRI of lumbar spine CPT code 72148 at this time.

Official Disability Guidelines, Treatment in Worker's Comp 16th edition, 2011 Updates

#### **MRI**

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). (Bigos, 1999) (Mullin, 2000) (ACR, 2000) (AAN, 1994) (Aetna, 2004) (Airaksinen, 200

Indications for imaging -- Magnetic resonance imaging

- 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.
- 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)