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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 7-19-2011

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of repeat Lumbar MRI.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer has been practicing for greater than 10 years.

**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)

The reviewer agrees with the previous adverse determination regarding the repeat Lumbar MRI.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties: . and MRI.

These records consist of the following:

Notes from D.O. dated November 30, 2009, November 11, 2010, April 15, 2011, and May 12, 2011; MRI of the lumbar spine dated December 3, 2009; Notes from M.D.

dated November 8, 2010 and November 22, 2010; Utilization Review Determination Letter dated May 24, 2011; Reconsideration Letter of Denial dated June 29, 2011; Multiple DWC-73's.

A copy of the ODG was not provided by the Carrier/URA for this review.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

According to the medical records, this individual was injured on xx/xx/xx. The description of the injury in the medical records was that she "while making a bed made a sudden twist and hurt her lower back." She was seen and evaluated medically and started on treatment. A report from, D.O., and dated noted the injury and stated that the injured worker was complaining of 10/10 pain. Straight leg raising was positive at 60° on the left and negative on the right. There was a description of radiating pain into the left lower extremity. Limited range of motion of the lumbar spine, normal deep tendon reflexes, normal sensation, and positive straight leg raise were described. Diagnoses of bilateral lumbar sprain and strain and bilateral muscle spasms were made. The recommendation from Dr. was that the injured worker continues with physical therapy, take Motrin 800 mg and Flexeril 10 mg, undergo MRI evaluation, and work on restricted duty with no lifting, pulling, or pushing more than five pounds.

On December 3, 2009, a MRI of the lumbar spine was performed. This showed a L4-5 central disk herniation approximately 4 millimeters with no canal stenosis and patent neural foramen.

The injured worker was treated with physical therapy and an epidural steroid injection in the lumbar area at some point, perhaps on September 27, 2010. According to available records, this epidural steroid injection did not afford significant relief.

Utilization review records indicate that an Independent Medical Evaluation was performed by Dr. on April 8, 2010. At that time, six positive Waddell signs were reported. Dr. found no evidence of pathology to explain the injured worker's symptoms and recommended that she be determined to be at maximum medical improvement.

On November 8, 2010, an orthopedic surgeon, , M.D. saw the injured worker. Dr. reported that he had last seen the injured worker on June 21, 2010. The injured worker had had a diskogram following that visit. Dr. reported that the diskogram had shown "annular tear at L4-5 but I cannot determine concordant pain at this level." He stated that the diskogram at L5-S1 was normal. He further stated that the injured worker was unable to stand straight and had generalized, but no focal weakness in the lower extremities. He noted that the injured worker had failed extensive conservative treatment including activity modification, physical

therapy, anti-inflammatory drugs, and lumbar epidural steroid injections. He stated that he did not feel that there were any psychological issues involved in this case. He further stated that the injured worker was a candidate for transforaminal interbody fusion at L4-5. He explained the goals, benefits, and possible complications of surgery and recommended that the injured worker return to see him in two weeks. She did return to see him on November 22, 2010 and at that time; he reported that the injured worker did desire surgical treatment and that he would submit a request for surgery to Worker's Compensation.

At some point during the treatment process, the injured worker had electrodiagnostic studies. These were said to show "evidence of moderate sensory motor polyneuropathy of primarily axonal type." There was no description of radiculopathy.

On May 13, 2011, Dr. evaluated the injured worker. He noted at that time that her pain level remained 10/10. He stated that she had limited range of motion of the lumbar spine, normal deep tendon reflexes, and positive straight leg raise at 70°. This was not a change from his previous description of her physical findings. The note is of poor reproductive quality but did not appear to indicate any change in her physical condition. Dr. did recommend flexion and extension studies of the lumbar spine to determine instability to determine if surgery was necessary.

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

Recommend denial of requested repeat lumbar MRI. According to medical records, this worker was injured on xx/xx/xx. Records indicate that she had extensive treatment including physical therapy, activity modification, anti-inflammatory drugs, and epidural steroid injections. She has continued to have pain consistently described as 10/10. Her deep tendon reflexes have been normal. Straight leg raising has been positive. No focal weakness has been described. EMG studies reportedly showed evidence of a sensory motor polyneuropathy, but did not document evidence of radiculopathy. Initial MRI studies showed L4-5 central disk herniation approximately 4 millimeters but no canal stenosis or neural foraminal stenosis.

Over the years, the injured worker has consistently shown the same physical findings, according to medical records. There has been no significant change in complaints or physical findings, as far as can be determined from records presented for review.

According to ODG Treatment Guidelines, "Imaging of the lumbar spine after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic canal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." As far as this record demonstrates, there have been no new symptoms or changes in symptoms. There have also been no significant changes in findings on physical examination. Therefore, criteria for repeat MRI studies are not met. There is no evidence of severe or progressive neurologic deficit from lumbar disk herniation or suggestion that symptoms or physical findings have changed or would require further imaging studies.

**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)