



Notice of Independent Review Decision
REVIEWER'S REPORT

DATE OF REVIEW: 06/01/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
 Repeat lumbar MRI scan (72148)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
 M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:
 Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	Service Being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
724.5	72148		Prospective						Upheld

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 03/23/11 & 05/09/11, including criteria used in the denial.
3. MRI lumbar spine w/o contrast 03/09/10.
4. Subsequent exam 07/13/10.
5. Patient referral 03/17/11.
6. Evaluation 03/08/11.
7. Report of medical evaluation and four (4) status reports (dates illegible).

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient stepped off a ladder, falling back and landing on concrete at work, suffering an injury to the low back which developed into spondylolisthesis and left L2/L3 lateral recess stenosis and root impingement. The patient continued to have symptoms consistent with back pain and radiculopathy despite conservative care. Because of continued symptoms and slow worsening of his symptoms, the patient was referred to a spine specialist who ordered a new MRI scan in anticipation of this consultation. The patient did not have a significant motor deficit or evidence of myelopathy. Radiographs taken of the lumbar spine on 03/08/11 revealed multilevel degenerative changes most pronounced at L2/L3.

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

The patient has established lumbar degenerative disc disease with spondylolisthesis and left lateral L2/L3 stenosis. The most recent examination is by the requesting physician with a transfer of the case from another provider. No significant acute changes have occurred in this patient's medical examination from the time that the previous MRI scan was performed last year. The physical examination on the date that the new MRI scan was requested demonstrated positive seated and straight leg raising on the left, as well as a positive cross leg examination. Sensory examination was intact. Motor examination was not performed. The requested documentation does not support the need for another MRI scan. The stenosis and listhesis have been established. The most

recent physical examination requesting the new MRI scan does not show any sensory or motor deficits. The request for MRI scan is not medically reasonable or necessary.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description). OKU Spine.
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)