

SENT VIA EMAIL OR FAX ON
Mar/12/2011

True Decisions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (214) 717-4260
Fax: (214) 594-8608
Email: rm@truedecisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI Lumbar Spine; EMG Bilateral Lower Extremities

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

Board Certified Neuro 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

OD Guidelines

1. MRI lumbar spine dated 02/21/08
2. Clinical records dated 12/15/09, 02/02/10, 03/16/10, 05/07/10, 07/26/10, 10/05/10, 10/15/10, 10/29/10, 12/09/10, 01/05/11
3. MRI lumbar spine dated 04/12/10
4. Designated doctor evaluation dated 04/23/10
5. CT lumbar spine dated 05/08/10
6. Behavioral health evaluation dated 08/12/10
7. Utilization review determination dated 12/16/10
8. Utilization review determination dated 02/08/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who is reported to have sustained an injury to his low back on XX/XX/XXXX. Per the clinical records he is reported to have developed the sudden onset of severe left low back pain as a result of moving a small table. The records indicate the

injured employee was seen in a local emergency room and underwent MRI of the lumbar spine on 02/21/08 which showed a broad based disc herniation and bilateral narrowing of the spinal canal with bilateral facet hypertrophy as well as an L3-4 disc bulge. He underwent two epidural steroid injections, which did not help. He subsequently underwent electrodiagnostic studies, which showed a left L4-5 radiculopathy. Records indicate that the injured employee underwent surgery on 12/18/09. His pre-operative symptoms were low back pain, back locking up, pain radiating to left groin, left buttocks, down the left posterior thigh. Post-operatively he is reported to have had improvement with a recurrence of his symptoms. Records indicate that the injured employee is under the care of Dr.. The records indicate that the injured employee underwent a left L4-5 foraminotomy with discectomy. The injured employee is reported to have started to develop recurrent symptoms on 03/16/10. He's noted to have a positive straight leg raise on the left. A repeat MRI was performed on 04/12/10. This study notes no abnormalities at L1-2, mild facet hypertrophy at L2-3, at L3-4 there is mild disc narrowing and a 2mm generalized disc bulge with mild bilateral facet hypertrophy. At L4-5 there is a small laminectomy defect on the left. There's moderate disc desiccation. There's a small focus of soft tissue in continuity with the disc space centrally. This extends slightly caudal to the disc space. The central portion of this does not enhance. This is compatible with a small disc extrusion measuring 3mm on AP extent with disc material extending approximately 6mm inferior to the disc space. There is contrast enhancement peripheral to this disc material compatible with post-operative scar tissue. There's a disc extrusion effacing the ventral thecal sac, which extends slightly more left of midline in close proximity to the left L5 nerve root. There is bilateral facet hypertrophy. All these factors contribute to a mild degree of central canal stenosis. L5-S1 is unremarkable.

On 04/23/10 the claimant was seen by Dr., designated doctor. Dr. notes the history above. On examination the claimant has a well-healed scar about 3 inches in length. In lower lumbar spine there is no tenderness on right side but paraspinous tenderness and muscle spasm on left. Forward flexion produces pain in groin and buttock. He is able to get on heels and toes. Straight leg raise while sitting results in reproduction of buttock and groin pain. He is reported to have mild weakness in left EHL, extensor digitorum brevis and mild weakness over left ankle evertors. Reflexes were normal on right side. Left ankle reflexes and knee reflexes were 1+. Sensory was unremarkable. The claimant is opined to have recurrent disc herniation at L4-5. Records indicate the claimant underwent CT of lumbar spine without contrast on 05/08/10. This study reports postoperative changes on left at L4-5.

The claimant was ultimately recommended to undergo repeat lumbar laminectomy at L4-5 level with discectomy, foraminotomy, osteophyctomy, and decompression of nerve roots. He was referred for psychiatric evaluation, which was performed on 08/12/10 with no contraindications reported for the procedure.

On 12/09/10 it is reported the claimant has complaints of pain into his right hip. He continues to have back pain. He now reports pain in his upper right shoulder. He reports this radiates from his right shoulder into his neck. He reports his caseworker will allow him to have new EMG and MRI of lumbar spine. The claimant's surgery is pending. Subsequent request was placed for MRI of the lumbar spine and EMG/NCV studies.

On 12/16/10 the utilization review request was evaluated by Dr.. Dr. notes the patient complains of pain in hip and back as well as pain in upper right shoulder radiating into his neck. She notes the latest physical examination dated 12/09/10 failed to validate the presence of any significant pathology as well as presence or absence of radiculopathy. She notes the motor and sensory examination performed was incomplete. There is no objective documentation of progression of neurologic deficits. She further reports there is no data regarding the claimant's response to care.

The claimant was subsequently seen in follow-up by Dr. on 01/05/11. It is noted the request was denied. The claimant explains he wants the new studies because of the pain he is having. He stated pain in right shoulder that goes approximately 4 inches into his arm. He relates all of his problems to the lumbosacral corset he wore following previous lumbar surgery. He believes the corset caused his shoulder and arm pain.

He complains of pain into the right hip and leg, which he blames on the lumbosacral corset. On physical examination his neck is supple. His knee reflexes are 2+ ankle reflexes are 2+. There's no weakness for dorsiflexion or plantar flexion of the foot today. There's no numbness. He can stand on his toes and his heels. The injured employee has declined his lumbar surgery until he gets his shoulder injury straightened out. A subsequent request was placed and reviewed by Dr. on 02/08/11. Dr. reports that the clinical records show persistent low back pain. Current physical examination revealed a decreased ankle jerk reflex with no sensory motor deficits. She reports there's no clear documentation of recent comprehensive clinical assessment of the injured employee that addresses the proposed diagnostic studies. She notes there are no significant changes in symptomatology such as a progressive neurologic deficit of the lower extremities. There was no documentation provided regarding the failure of conservative treatment. As such she finds the request not to be medically necessary.

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

The request for EMG of the bilateral lower extremities and repeat MRI of the lumbar spine are not medically necessary and the previous determinations are upheld. The submitted clinical records indicate that the injured employee has complaints of low back pain with radiation to the lower extremity. The injured employee has previously undergone surgical intervention and was apparently approved for a second intervention for a recurrent disc herniation at the L4-5 level. The injured employee subsequently has developed complaints of neck and upper extremity pain and requested that Dr. order new studies of his low back to include EMG/NCV studies because of reportedly increased pain levels. There's no significant change in the injured employee's serial examinations. There's no documentation of a progressive neurologic deficit. The injured employee in fact has deferred his lumbar surgery over concerns regarding his shoulder. It's further noted that Dr. had recommended the injured employee for surgery and clearly had sufficient data for surgical planning from the injured employee's previous imaging studies. Based upon the totality of the clinical information the requests are not established as medically necessary and the previous determinations are upheld.

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)