

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 03/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat lumbar spine MRI without contrast

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

The TMF physician reviewer is a board certified neurosurgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the repeat lumbar spine MRI without contrast is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 03/04/11
- Utilization Review Determination Letter– 02/10/11

- Reconsideration of Adverse Determination– 02/24/11
- History and Physical– 01/06/09, 02/03/11
- Impairment Evaluation– 05/14/09
- Office visit notes– 02/03/09
- Report of CT scan of the lumbar spine – 02/02/09
- Report of lumbar myelogram – 02/02/09
- Operative report of lumbar myelogram– 02/02/09
- Prescription for physical therapy – 11/04/08
- Physical therapy treatment record – 12/29/08 to 02/09/09
- Letter of modified utilization review determination – 12/22/08
- Discharge Summary from PT– 01/26/09
- Procedure report for Epidural Steroid Injections– 11/22/08
- Physical therapy initial evaluation– 11/05/08
- Consultation by Dr. – 11/04/08
- Procedure report for Epidural Steroid Injections– 10/02/08
- Report of MRI of the lumbar spine – 09/26/08
- Report of x-rays of the lumbar spine – 08/21/08
- Office visit notes– 10/25/08
- Report of required medical examination– 11/20/09

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury when he was working and experienced sharp pain to the lower back that radiated down the left lower extremity. The patient has undergone a lumbar myelogram and has been treated with medications, physical therapy and epidural steroid injections. The treating neurosurgeon has recommended that the patient undergo a repeat MRI of the lumbar spine.

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

This patient manifests continued lumbar radiculopathy. Surgery has been recommended by two surgeons over two years ago and the records indicate that the patient has decided now to proceed with surgery. The most recent lumbar studies are now over two years old and showed multiple levels of structural abnormalities that could have worsened in the two year time span. Thus it is essential that new imaging study be undertaken so that the anticipated surgery can be planned appropriately.

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)