



DATE OF REVIEW: March 7, 2011

IRO Case #:

Description of the services in dispute:

MRI Lumbar spine w/o contrast – #72148

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Neurological Surgery. This reviewer is a member of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons. The reviewer has completed training in both pediatric and adult neurosurgical care. This reviewer has been in active practice since 2001.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld.

The request for an MRI of the lumbar spine (#72148) is not medically necessary.

Information provided to the IRO for review

Patient clinical history [summary]

The patient is a male who was involved in a motor vehicle accident in xx/xxxx when his vehicle was impacted head-on by a drunk driver. The patient is status post splenectomy, diaphragm rupture repair, open reduction internal fixation of the left elbow, open reduction internal fixation of the right ankle, pelvic fracture repair, and lumbar hernia repair. The patient saw a Dr. on xx/xx/xx. The note states the patient is status post shoulder surgery. Physical exam revealed pain to palpation of the upper back. There was decreased range of motion of the left shoulder secondary to pain. There was decreased range of motion of the right ankle. The patient was advised to continue conservative pain management. The patient saw a Dr. on 09/01/10. The patient complains of pain in the left arm, groin, and right leg. Current medications included Lunesta, Vicodin, Requip, and Paxil. Physical exam revealed pain to palpation of the left elbow. There is pain to palpation of the left groin region. Range of motion of the right ankle is painful. There is pain to palpation of the lumbosacral spine. The patient was assessed with elbow sprain status post left elbow dislocation fracture, status post exploratory laparotomy splenectomy, and left chest tube placement, and status post right foot fractures. The patient was advised to follow up in 4 to

6 weeks. The patient saw a Dr. on 12/01/10. Physical exam reveals motor strength of 4/5 in the upper and lower extremities. There was decreased range of motion of the left elbow.

The patient saw a Dr. on 01/28/11. The patient complained of low back pain that worsens with prolonged sitting and standing. The patient rated the pain 4 to 7 out of 10. Current medications include Paxil, Requip, and Vicodin. Physical exam reveals full motor strength of the lower extremities. The deep tendon reflexes were 2+/4 and symmetric bilaterally throughout. Sensation was grossly intact. The patient was recommended for MRI of the lumbar spine. The patient was prescribed Valium. The request for an MRI lumbar spine was denied by utilization review on 02/10/11 due to no documentation to confirm whether the patient has indeed failed in the conservative management of medical care. Also, there was no documentation regarding radiographs of the lumbar spine. The request for MRI Lumbar Spine is denied by utilization review on 02/16/11 due to lack of documentation of failure of conservative treatment and radiographs of the lumbar spine. Physical exam reveals normal neuro-motor-sensory function. There is no documentation of a condition/diagnosis for which an MRI is indicated. The patient's current medications include Ambien, Xanax, and Paxil.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The request for an MRI of the lumbar spine (#72148) is not medically necessary. Although the patient was involved in a serious motor vehicle accident and sustained significant trauma, there is no objective evidence to indicate that the patient sustained any injury to the lumbar spine. There are no initial radiograph studies demonstrating any fractures or dislocation/subluxation that would be indicative of soft-tissue trauma. The patient's physical exams reveal no objective findings of neurologic deficit that would support a diagnosis of lumbar radiculopathy or myelopathy. As there are no indications of neurologic deficit as result of soft-tissue trauma of the spine, an MRI of the lumbar spine would not be indicated as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

1. Official Disability Guidelines, Online Version, Low Back Chapter

Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit
- 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. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) (Andersson, 2000)
- 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