

# US Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/18/2011

**IRO CASE #:**

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

MRI of the lumbar spine with and without contrast and hardware block on the left

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

M.D., Board Certified Orthopedic 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)

\*MRI of the lumbar spine with and without contrast is found to be medically necessary.  
Hardware block on the left is not found to be medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Peer review reports/The 02/17/11, 02/25/11

ODG Low Back, Official Disability Guidelines in Workers' Comp

Office notes Dr. 10/07/09, 12/16/09, 02/17/10, 03/10/10, 05/12/10, 06/23/10, 07/28/10, 02/12/11

MRI lumbar spine 06/29/09

EMG/NCS report 07/10/09

Lumbar x-ray reports 10/07/09, 03/10/10, 04/07/10, 05/12/10

Dr. History and Physical 02/11/10

Operative reports 02/19/10

Intraoperative neuro-physiological monitoring report 02/19/10

Prescription 02/12/11

Dr. IME report 11/03/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who sustained a lifting injury on xx/xx/xx. Ultimately, he underwent L4-5 fusion on February 19, 2010. He was seen on February 12, 2011 with reports of back pain and left leg pain. Although he had improved with surgery, he was having difficulty returning to full duty work. In addition, he noted numbness in the left anterior and medial thigh as well as the medial aspect of his left foot. The numbness was progressively getting worse.

Examination revealed normal motor function in the lower extremities. MRI of the lumbar spine with and without contrast and hardware block on the left was recommended.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS**

**AND CONCLUSIONS USED TO SUPPORT THE DECISION**

MRI of the lumbar spine with and without contrast is found to be medically necessary. The Official Disability guidelines were utilized. These guidelines indicate that MRIs are the test of choice for patients with prior back surgery. Although repeat MRI is not routinely recommended, it is reserved for a significant change in symptoms and/or findings suggestive of significant pathology. It is also noted that subsequent imaging should be based on new symptoms or changes in current symptoms. The medical records dated 2/12/11 indicate progressive numbness in an anatomic distribution of the left lower extremity. Therefore, MRI of the lumbar spine with and without contrast is found by this reviewer to be medically necessary. The requested hardware block on the left is not found to be medically necessary based upon the evidence-based guidelines. Documentation of failed conservative treatment was not provided.

**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)