

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 03/14/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: APPEAL Repeat MRI Lumbar

Request Received Date: 01/18/2011

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 04/22/09 - MRI Right Knee
2. 04/22/09 - MRI Lumbar Spine
3. 07/15/09 - Electrodiagnostic Studies
4. 07/28/09 - Clinical Note
5. 07/28/09 - Work Status Report
6. 03/05/10 - Designated Doctor Evaluation
7. 03/05/10 - Report of Medical Evaluation
8. 10/15/10 - Peer Review
9. 12/09/10 - Clinical Note - Illegible Signature
10. 01/05/11 - Clinical Note
11. 01/05/11 - Work Status Report
12. 01/11/11 - Utilization Review
13. 01/14/11 - Clinical Note
14. 01/26/11 - Utilization Review
15. 02/03/11 - Appeal Letter

16. Official Disability Guidelines

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a XX year old female who sustained an injury on XX/XX/XX when she slipped and fell, causing back pain.

An MRI of the lumbar spine performed 04/22/09 demonstrated no fracture or dislocation. The lumbar vertebral bodies were intact. At L4-5 and L5-S1, there were right paracentral annular tears and approximate 2-3 mm discal substance protrusions. These contact only the thecal sac without indentation. There was drying of disc substance also associated.

Electrodiagnostic studies performed 07/15/09 indicated a minimal chronic right L5 radiculopathy.

The employee saw Dr. on 07/28/09 with complaints of low back pain and occasional right leg pain. The employee also reported occasional numbness and weakness in the right leg. Physical examination revealed mild paralumbar tenderness. The employee was able to walk on her heels and toes normally. There were no muscle spasms noted. Lumbar range of motion of mildly limited. Straight leg raise was negative bilaterally. Radiographs of the lumbar spine are essentially normal without evidence of malalignment, fracture, significant disc space narrowing, pars defect, or other significant abnormality. The employee was assessed with lumbar soft tissue injury and lumbar disc desiccation and annular tears of uncertain significance. The employee was recommended for continued conservative treatment, to possibly include epidural steroid injections.

The employee was seen for a Designated Doctor Evaluation on 03/05/10. The employee complained of pain constant low back and right knee pain rating 4 out of 10. The employee's daily pain averages 8 out of 10. The employee reported numbness down the legs with sitting. Physical examination revealed no tenderness to palpation of the cervical or thoracic spine. There was no tenderness to palpation with axial compression. Cervical range of motion was within normal limits. Range of motion of the bilateral shoulder was limited, but symmetrical bilaterally. Spurling's maneuver was negative. Muscle strength was normal throughout. There was no sign of spasticity, rigidity, flaccidity, fasciculations, or tremor. Phalen's was negative bilaterally. Tinel's was negative bilaterally. Sensation was intact throughout. There was mild tenderness to palpation over the lumbar spine, paraspinal muscles, and sciatic notch on the right. Straight leg raise was negative bilaterally. Lumbar range of motion was restricted. Ankle range of motion was somewhat limited, but symmetrical bilaterally. The employee was assessed with right ankle sprain, right elbow contusion and strain, lumbar strain, torn lateral meniscus of the right knee, and degenerative arthritis of the right knee. The employee was placed at Maximum Medical Improvement (MMI) and assigned a 9% whole person impairment.

The employee saw Dr. on 01/05/11 with complaints of continued significant back pain and frequent right leg pain. Prior treatment includes two epidural steroid injections which provided no relief. The note stated the employee had also completed therapy in the past. Physical exam reveals low back pain and proximal leg pain with straight leg raise on the right. Sensation and reflexes were normal. Lumbar range of motion was fairly limited. The employee was assessed with possible sciatica, lumbar soft tissue injury, and lumbar disc desiccation and annular tears of uncertain significance. The employee was recommended for repeat MRI of the lumbar spine.

The request for repeat MRI of the lumbar spine was denied by utilization review on 01/11/11 due to lack of weakness, sensory deficits, or reflex changes on the most recent examination that would support repeat MRI studies at that time.

The request for repeat MRI of the lumbar spine was denied by utilization review on 01/26/11 due to lack of significant change in symptoms and/or findings suggestive of neurologic deficits, tumors, infections, or fractures to warrant medical necessity of the imaging modality. Failure to respond to recommended conservative treatments, such as oral pharmacotherapy or rehabilitation was also not objectively documented through visual analog pain scales and physical therapy progress reports.

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

The request for repeat MRI of the lumbar spine is not medically necessary. The most recent physical examination does not demonstrate any significant focal neurologic deficits. There is no significant change in the employee's physical exam. There is no evidence that the employee sustained significant trauma to the lumbar spine. Also, there is no objective evidence to support that the employee has failed an appropriate course of conservative therapy, to include physical therapy and medication management.

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.
 - 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