

SENT VIA EMAIL OR FAX ON
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/13/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI Lumbar Spine; Bone Scan

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

MD board certified family practice

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

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate he was injured when he was and fell while moving a ladder. X- rays of the lumbar spine on 08/23/10 revealed a compression fracture of L3 and a smaller compression fracture of L1. Per new patient evaluation on 08/23/10 there was 60-70% body height loss at the L3 level. It was noted that it was difficult to tell how acute the compression fracture was, but MRI from 07/09 showed no evidence of compression fracture. Repeat MRI of the lumbar spine on 09/02/10 revealed acute/subacute L3 compression fracture with 80% height loss and 3mm of buckling into the spinal canal. There was no associated significant spinal canal stenosis. Also noted was likely subacute L1 mild superior endplate compression deformity without associated stenosis. Injured employee was treated conservatively with medications and therapy. Follow up note on 02/28/11 indicates the injured employee was interested in seeing a neurosurgeon and discussing the possibility of kyphoplasty. Physical examination on that date showed persistent tenderness in the upper to mid lumbar spine. There was no sign of radiculopathy.

A request for MRI of the lumbar spine and bone scan was reviewed by Dr. on 03/11/11. It was noted that the injured employee injured his back in a fall. He sustained a compression fracture. He had nine physical therapy visits, but continued with 8/10 pain for which he takes Ultram and Skelaxin. The injured employee was referred to a neurosurgeon to discuss possibility of kyphoplasty, but will not see him until he gets MRI and bone scan. It was noted that a clear rationale for the request was not seen in the records submitted for review. The medical information does not indicate presence of progressive neurologic deficits or significant

pathology to warrant an imaging study. Physical examination noted only spinal tenderness. There was no indication that a plain radiograph has been performed prior to the request. There was no documentation of presence of bone infection, cancer or arthritis to warrant bone scan. Lastly there was no objective documentation provided with regard to the failure of the injured employee to respond to conservative measures, his physical therapy progress notes were not submitted for review.

A reconsideration/appeal request for MRI of the lumbar spine and bone scan was reviewed by Dr. on 04/07/11. The request was determined non-certified as medically necessary. It was noted that the injured employee presented with persistent tenderness over the upper and mid lumbar spine, with no signs of radiculopathy noted per medical report dated 02/28/11. The medical information provided did not indicate presence of progressive neurologic deficits or significant pathology to warrant repeat lumbar MRI. Physical examination only noted spinal tenderness. There was no indication that a plain radiograph had been performed prior to the request. There was no documentation of the presence of bone infection, cancer or arthritis to warrant bone scan.

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

Based on the clinical information provided, the request for MRI of the lumbar spine and bone scan is indicated as medically necessary. The injured employee is noted to have sustained an injury to the low back when he slipped and fell on xx/xx/xx resulting in L3 compression fracture with 80% height loss and 3mm of buckling into the spinal canal. There was a likely subacute L1 mild superior end plate compression deformity without associated stenosis. The injured employee was treated conservatively with a course of physical therapy and medications. On examination there was tenderness to palpation in the upper to mid lumbar spine with no sign of radiculopathy. The injured employee is interested in possible kyphoplasty. The proposed MRI of the lumbar spine is indicated as medically necessary in order to assess if there has been further retropulsion, cord signal change, and nerve root compression. The request for bone scan is indicated to determine if there is continued remodeling at the site of the fracture. In addition to infection and metastases, bone scan is used to detect significant fracture or other significant bone trauma.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES