Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 5/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a repeat MRI Lumbar Spine.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a repeat MRI Lumbar Spine.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Health Direct and MD

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Health Direct: Established Patient Note – 2/5/10-6/23/10; MD Operative Report – 9/29/09; and DO Report – 7/17/10.

Records reviewed from MD: New Patient Office note – 4/8/09; Established Patient Note – 5/13/09-6/23/10; MD NCS & Electromyography report – 5/5/09;, MD Lumbar Spine MRI – 11/19/08; MD MRI Lumbar Spine – 3/5/10; MD X-ray report – 3/2/10; MD X-ray report – 8/12/09;

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is status-post an L5-S1 laminectomy with decompression of lateral recesses and foraminotomies on 9/29/09. The operative note and pre- and post-operative records from Dr. were reviewed. A 3/5/10 dated post-op MRI was read by a radiologists as revealing “routine” post-surgical findings including a mild disc bulge, facet arthropathy and mild foraminal encroachment. As of 6/23/10, there was a consideration for a repeat lumbar MRI due to increased back pain with bilateral leg pain and paresthesias. The neurological exam was unremarkable. Post-operative flexion extension films had revealed a stable anterolisthesis at L5-S1, as pre-op. films also had. The record review dated 7/17/10 indicated that the claimant’s condition was related to “disease of life” facet arthropathy and didn’t warrant additional diagnostics.

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

ODG guidelines would support a consideration for an additional repeat post-operative MRI only when there has been an increased neurologic deficit, radiculopathy and/or cauda equina syndrome documented. None of the preceding has been evident in this claimant’s case. Also, the claimant has already undergone a postoperative MRI, in addition to flexion-extension x-ray films. Both of these have been noted to be essentially unremarkable. Without any significant neurologic deficit noted on physical examination, and without any recent records to support otherwise, post-operative MRI would not be considered medically necessary at this time, based on applicable guidelines.

ODG Lumbar Spine: MRI

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

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)**