

SENT VIA EMAIL OR FAX ON  
May/04/2011

## True Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

May/03/2011

**IRO CASE #:**

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

Repeat lumbar MRI with and without contrast

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

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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

1. Office notes M.D. 05/04/10, 10/05/10 and 02/14/11
2. MRI lumbar spine 08/31/06
3. Preauthorization determination 03/07/11
4. Preauthorization first request 02/22/11
5. Notice of independent review decision 08/06/09
6. Preauthorization determination 03/22/11

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a female whose date of injury is xx/xx/xx. Records indicate the injured employee has undergone lumbar surgery x 2 with lumbar discectomy performed in 1994 and subsequent lumbar fusion in 1998. MRI of lumbar spine dated 08/31/06 revealed postoperative changes of prior 360 fusion at L4-5 with degenerative disc disease developing at L3-4. There is a broad based disc protrusion present greatest in the paracentral / lateral recess region. In left exit foramina a fairly prominent protrusion / small herniation is seen extending into the exiting foramen posterior and inferior to the nerve. The injured employee was seen on 02/24/11 for medication evaluation. Musculoskeletal examination reported gait ataxic and slow, no laxity or subluxation of any joints. Cranial nerves II-XII are grossly intact. Examination of the back revealed normal skin, soft tissue and bony appearance with normal cervical and lumbar lordotic curve, no gross edema or evidence of acute injury. There was positive straight leg raise on left, positive left slump, negative left Faber test. The injured

employee was recommended to undergo repeat MRI.

A preauthorization request for repeat lumbar MRI with and without contrast was reviewed on 03/07/11 and determined as not medically necessary. It was noted the injured employee had history of previous back surgery. ODG Guidelines were noted to state that indications for imaging in lumbar spine in claimants with radiculopathy who have not undergone recent trauma should be considered after at least 1 month's conservative therapy and may be considered sooner if progressive neurologic deficits were noted. The documentation submitted for review indicated the injured employee had undergone previous discectomy and lumbar 360 fusion at L4-5 level. The claimant was noted to have chronic ongoing pain of lumbar spine with associated symptoms of radicular left leg pain, numbness in left lower leg and weakness in left lower leg. However, the submitted documentation was insufficient to detail what conservative treatment measures had been undertaken thus far.

A reconsideration request for repeat lumbar MRI with and without contrast was reviewed and determined as not medically necessary on 03/22/11. It was noted that prior MRI revealed changes consistent with degenerative disc disease as well as disc bulge at L3-4 and L5-S1. Physical examination on 10/05/10 and 02/14/11 did not reveal any changes that would indicate the need to repeat MRI. Current guidelines recommendations suggest repeat MRI is not routinely recommended and should be reserved for significant change in symptoms or findings suggestive of significant pathology. Noting the claimant's physical examination has not revealed a significant change in symptoms with no suggestion of significant pathology, the request for repeat lumbar MRI was not medically indicated.

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

Based on the clinical information provided, repeat MRI of lumbar spine with and without contrast is indicated as medically necessary. The injured employee has a history of previous lumbar discectomy at L4-5, with subsequent 360 fusion at this level in 1998. The injured employee complains of back pain that radiates to left lower extremity. MRI done 8/31/06 reported postoperative changes with degenerative disc disease change present at L3-4 with a fairly prominent protrusion that extends into the inferior exit foramina on the left. This is noted as new compared to 1999. This would be consistent with adjacent segment disease commonly associated with lumbar fusion. Most recent exam on 2/14/11 noted positive straight leg raise on the left and positive left slump test, not noted on previous exams. Per ODG guidelines, repeat MRI is indicated if there has been a significant change in symptoms or there is evidence indicating significant pathology. There is evidence of change in symptoms. Noting the previous findings of degenerative disc disease at L3-4, repeat MRI with and without contrast is indicated to assess possible progression of adjacent segment disease.

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

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**