

Notice of Independent Review Decision

**IRO REVIEWER REPORT**

DATE OF REVIEW: 11/17/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI Lumbar w/o contrast (72148)

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

The TMF physician reviewer is board certified in orthopedic surgery with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the MRI Lumbar w/o contrast (72148) is not medically necessary to treat this patient's condition.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Information for requesting a review by an IRO – 11/07/11
- Preauthorization determination from – 08/24/11, 09/15/11
- Request for preauthorization of lumbar MRI from– 08/19/11
- Order for lumbar MRI from– 08/17/11, 10/26/11
- Office visit notes from Dr.– 08/17/11 to 10/26/11

- New patient consultation – 06/08/11
- Report of x-rays of the lumbar spine – 02/03/11
- Report of MRI of the lumbar spine – 03/09/11
- Progress notes from an illegible provider at – 02/02/11 to 04/07/11
- Patient Profile – 06/21/11
- Operative report for epidural steroid injections – 06/27/11
- Physician Advisor Referral Form by Dr. 08/22/11

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This injured worker sustained a work related injury on xx/xx/xx when she twisted her back resulting in pain to her hip region radiating down her right leg. An MRI done on 03/09/11 revealed very early degenerative changes of the lower lumbar spine resulting in early foraminal stenosis of the right at L4-5. She has been treated with activity modification, selective facet nerve blocks and physical therapy. There is a request for an MRI of the lumbar spine without contrast.

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

This patient has suffered some mild weakness in the tibialis anterior distribution. Subsequent to the selective nerve blocks, she has complained of bilateral lower extremity tingling and headaches; however, there have been no changes in objective neurological findings. Based on the ODG, 2011, low back chapter, MRI passage and the absence of objective physical findings indicating a change in neurological status, an adverse determination is appropriate.

**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)