



Notice of Independent Review Decision

DATE OF REVIEW: 10/06/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat MRI Lumbar Spine

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

Board Certified in Orthopedic Surgery

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.

Repeat MRI Lumbar Spine – OVERTURNED

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Evaluation, Medical Centers, 05/22/06, 05/26/06
- DWC Form 73, Medical Centers, 05/22/06, 05/26/06
- Physical Therapy, Medical Centers, 05/23/06, 05/25/06, 05/26/06, 05/31/06, 06/01/06, 07/17/06, 07/19/06
- Office Visit, Orthopaedic Center, 06/07/06, 06/26/06, 09/29/06, 11/13/06, 12/20/06, 01/14/07, 02/14/07, 03/05/07, 04/02/07, 04/17/07, 06/11/07, 08/06/07,

- 09/05/07, 10/22/07, 12/17/07, 01/14/08, 02/06/08, 03/10/08, 02/13/09, 04/27/09, 07/29/09, 10/28/09, 01/15/10, 01/20/10, 01/27/10, 04/12/10, 04/27/10, 06/01/10, 06/29/10, 08/03/10, 09/22/10, 11/05/10, 01/19/11, 03/10/11, 05/20/11, 05/23/11, 05/24/11, 06/02/11, 07/01/11, 07/27/11
- DWC Form 73, Orthopaedic Center, 06/26/06, 11/13/06, 12/20/06, 01/17/07, 02/14/07, 03/05/07, 04/02/07, 05/07/07, 08/06/07, 10/22/07, 11/19/07, 12/17/07, 01/14/08, 02/06/08, 03/10/08, 02/13/09, 03/06/09, 04/27/09, 05/29/09, 07/29/09, 10/28/09, 01/27/10, 04/12/10, 04/27/10, 06/01/10, 06/29/10, 08/03/10, 09/22/10, 11/05/10, 01/19/11, 03/10/11, 05/20/11, 06/02/11, 07/01/11, 07/27/11
 - Right Shoulder MRI, Orthopaedic Center, 06/15/06
 - Total Body Bone Scan, M.D., 06/15/06
 - Lower Extremity MRI, Medical Center, 06/23/06, 07/03/06
 - Independent Medical Evaluation (IME), M.D., 08/02/06
 - Evaluation, M.D., 10/10/06, 04/13/07, 09/21/07, 10/02/07
 - Operative Report, M.D., 11/05/06, 04/26/07, 09/27/07
 - Designated Doctor Evaluation (DDE), M.D., 03/22/07, 09/06/07, 02/15/08
 - Physical Therapy, Therapy Center, 04/14/07, 04/17/07, 04/18/07, 04/21/07, 04/23/07, 04/29/07
 - TOPS Initial Evaluation, 04/27/07
 - Pain Block Technique, Anesthesia, 04/26/07
 - Correspondence, Physical Therapy Center, 05/14/07
 - Pre-Authorization Determination, 05/15/07
 - Lumbar Spine X-rays, M.D., 06/11/07
 - Lumbar Spine MRI, M.D., 06/25/07
 - Testing & Routing Procedure Form, Dr. 07/13/07
 - Pelvis CT Scan, Medical Center, 07/26/07
 - DWC Form 73, Dr., 09/06/07
 - Physical Therapy, Rehab, 10/17/07, 10/18/07, 10/23/07, 10/25/07, 10/30/07, 11/01/07, 11/06/07, 11/08/07, 11/09/07
 - Discharge Summary, Dr. 10/03/07
 - History and Physical, Rehabilitation Hospital, 10/03/07
 - Doppler Lower Left Extremity, X-Ray X-Press, 10/06/07
 - Discharge Summary, Rehabilitation Hospital, 10/03/07
 - Functional Capacity Evaluation (FCE) Summary Report, Physical Medicine, 02/12/08
 - FCE, Imaging Institute, 02/15/08
 - DWC Form 73, Dr. 02/15/08
 - DDE, M.D., 12/29/08
 - DWC Form 73, Dr. 12/29/08
 - Lumbar Spine X-Rays, M.D., 01/15/10
 - Lumbar Spine MRI, Dr. 01/19/10
 - Laboratory Results, Laboratories, 01/19/11
 - Venous Doppler and Ultrasound Study, M.D., 05/23/11
 - Pre-Authorization, M.D., 08/08/11

- Denial Letters, 08/12/11, 08/22/11
- Reconsideration, Dr., 08/08/11
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient was injured on xx/xx/xx when she was trying to straighten heavy bags. One of the heavy bags fell back, knocking her down on the floor of the aircraft. She fell on her right shoulder and the bag fell on her abdomen. The patient underwent numerous diagnostic tests, including bone scan, MRIs of the right shoulder, left hip, lumbar spine and pelvis. She also underwent electrodiagnostic studies. She underwent surgeries, which included total hip arthroplasty, arthroscopy of the glenohumeral joint, subacromial space with bursectomy and acromioplasty, mini open rotator cuff repair, and revision of left total hip arthroplasty. She was noted to be taking Wellbutrin, Nexium, Crestor, Norvasc, Micardis, Pristiq, Vitamin D, Fosamax, Mobic, Neurontin, Hydrochlorothiazide, Flector patches, Excedrin, Neprelan, and Percocet. The patient continued with chronic low back pain and lumbar radiculopathy. A repeat MRI of the lumbar spine was requested.

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

After review of extensive medical records, it is noted the patient's neurological examination has changed with the 07/27/11 report downloading a sensory change in the right leg with decreased L5 two-point discrimination and pinprick sensation with 4/5 EHL strength. The Official Disability Guidelines indicate a repeat MRI of the lumbar spine is indicated if there is a new or worsening focal neurological deficit, and I do feel this qualifies as a new focal neurological finding that had not been present previously. Therefore, the recommendation is for certification of the requested MRI of the lumbar spine.

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)**
- AMA GUIDES 5TH EDITION**