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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat MRI without contrast of lumbar spine

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

PMR

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

Request for IRO dated 09/19/11

Request for IRO dated 09/05/11

Utilization review determination dated 07/14/11

Utilization review determination dated 08/18/11

Fax cover sheet dated 09/23/11

Perspective review response dated 09/21/11

Preauthorization request dated 07/11/11

Lower extremity nerve conduction studies dated 03/17/06

Radiographic report lumbar spine dated 09/04/03

MRI lumbar spine dated 10/20/03

MRI lumbar spine dated 01/20/06

MRI lumbar spine dated 04/13/07

MRI lumbar spine dated 11/06/09

Clinical records Worker's Comp dated 06/24/11 and 08/11/11

Clinic note Dr. dated 06/23/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries to his low back on xx/xx/xxxx. It is reported the original injury occurred while lifting and bending. Records indicate the claimant has undergone multiple diagnostic evaluations in the past which include plain radiographs of lumbar spine performed on 09/04/03 reported as normal. MRI of lumbar spine dated 10/20/03 noted central posterior protrusion of disc at L4-5 that slightly indents the

thecal sac. At L5-S1 there is disc desiccation, posterior protrusion of the disc contour involving the central and left paracentral region measuring 5.6 mm in AP diameter touching the left S1 nerve root. A repeat MRI of the lumbar spine was performed on 01/20/06. This study notes a central posterior disc herniation of 4.5 mm at L4-5 which is slightly larger when compared to previous study. The disc protrusion at L5-S1 is slightly smaller when compared to previous study. An MRI of lumbar spine was performed on 04/13/07. This study notes degenerative changes at L4-5 and L5-S1 with no significant evidence of cord or foraminal compromise. The most recent study was performed on 11/06/09. This study again notes disc protrusions at L4-5 and L5-S1 with small disc protrusions at L2-3 and L3-4. On 03/17/06 the claimant underwent NCV of lower extremities which was reported as normal.

On 06/23/11 the claimant was seen by Dr. The claimant presents for office evaluation. No substantive history is contained in this note. He is reported to have low back pain and left lower extremity pain sometimes radiating into sole of foot. He is 5'7" and weighs 185 lbs. Straight leg raise is negative. Motor strength was equal. Sensory is reported to be decreased in left L5 and S1 distributions. Deep tendon reflexes were equal. He was able to walk on both toes and heels. He's recommended to undergo a repeat MRI of the lumbar spine. He was given a prescription for Tramadol.

The initial request was reviewed by Dr. on 07/14/11 who non-certified the request noting that the claimant's neurologic examination is unremarkable and there is only subjective decreased sensation noted in two different nerve distributions. He notes that the claimant's undergone multiple MRIs and the 2006 electrodiagnostic study is unremarkable and that a repeat study is not warranted as a result would not impact the treatment decisions.

A subsequent appeal request was reviewed by Dr. on 08/18/11 who non-certifies the request and notes there's no significant motor or neurologic deficit. The claimant has had three prior MRIs which clearly document degenerative pathology without new progressive myelopathy or neuropathy. A repeat MRI of the lumbar spine would not be medically indicated under the Official Disability Guidelines.

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

The request for repeat MRI of the lumbar spine is not medically necessary and the prior utilization review determinations are upheld. The submitted clinical records indicate that the claimant has chronic low back pain with subjective complaints of pain radiating to the left lower extremity not validated by electrodiagnostic studies or detailed physical examination. The claimant has undergone serial imaging studies which have showed progressive degenerative changes but show no neurocompressive pathology no relevant neurocompressive pathology. As such the prior determinations were appropriate and therefore upheld.

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