Southwestern Forensic Associates, Inc.

Amended October 5, 2011

REVIEWER'S REPORT

DATE OF REVIEW: 09/30/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar spine MRI scan

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
M.D., Family Practice physician, board certified by the American Board of Family Practice

REVIEW OUTCOME:
"Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

_____Upheld (Agree)

__X __Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

Medical necessity does exist for this lumbar spine MRI scan.

INFORMATION PROVIDED FOR REVIEW:
1. URA findings, 8/1/11 to 8/15/11
2. MD, office notes, 3/28/11 to 9/14/11
3. Imaging, office notes, 4/1/11 to 8/25/11

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
The claimant is being treated for injuries to her cervical and lumbar spine that occurred on xx/xx/xx while lifting and stacking boxes. She has pain and discomfort in the lumbar spine and has had fifteen sessions of physical therapy between 03/31/11 and 06/15/11. On 07/18/11 Dr. reported no significant improvement. She had negative straight leg raising and equal reflexes. Muscle spasm and tenderness were noted in the low back. X-rays showed minimal levoscoliosis of the lumbar spine. Trigger point injections were

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recommended. She has continued as of 07/27/11 to have pain and stiffness and no improvement with trigger point injections. She has been found to have radicular symptoms involving pain to the legs and some tenderness and spasm with limited range of motion and strength but no instability. She has been on multiple medications and continues to have a level 8/10 of pain despite physical therapy.

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

This patient needs a lumbar spine MRI scan to delineate the anatomy and look for potential problems that have caused her to have prolonged pain. She has had pain since 03/31/11, which is greater than six months. She does have radicular symptoms to the leg despite no radicular abnormal physical signs. She has done physical therapy and has been on multiple medications yet still has discomfort. Despite the ODG Guidelines that support non-certification of this procedure, these are simply guidelines and in clinical practice, there are often situations such as this case where those guidelines do not apply. Specifically, this patient's prolonged symptoms with radicular symptoms to the leg and poor response to treatment require that we evaluate the anatomy with an MRI scan to be sure that nothing is being missed and then that will direct proper care, whether that be surgical, epidural steroid injection, physical therapy, or simply asking the patient to learn to live with the pain and/or see a chronic pain physician. Without delineating the anatomy by an MRI scan, it would be impossible to make a determination which of these directions is the proper way to proceed. As stated, despite not falling within the guidelines of the ODG, there are clinical cases such as this where their guidelines must be put to the side and further evaluation to evaluate the anatomy should be provided for.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

_____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.
__X __Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.
__X __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.

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_____Peer reviewed national accepted medical literature (provide a description).
_____Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)

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