

SENT VIA EMAIL OR FAX ON  
Sep/27/2011

## Pure Resolutions Inc.

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

**DATE OF REVIEW:**

Sep/27/2011

**IRO CASE #:**

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

MRI of the lumbar spine to included 72148

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

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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Employer's first report of injury or illness

Utilization review determination 08/29/11

Utilization review determination 08/15/11

Request for IRO 09/02/11

Request for IRO 09/14/11

Peer review Dr. 02/06/06

Procedure report disc decompression 02/24/06

Clinical note Dr. 05/22/08

RME examination 07/24/06

Clinical records Dr.

MRI lumbar spine 01/09/07

Clinical records Dr.

MRI lumbar spine 09/17/07

Operative report 09/17/07

Discharge summary 09/21/07

Peer review 02/05/08

Designated doctor evaluation 01/08/08

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who is reported to have sustained work related injuries on xx/xx/xx according to the first report of injury the claimant fell and sustained injuries to her low back.

She was identified as having an HNP at L5-S1 she was ultimately taken to surgery on 09/12/07 at which time she underwent a hemilaminotomy underwent a right sided hemilaminotomy with partial medial facetectomy. Post-operatively the claimant continued to have pain and underwent repeat MRI on 03/13/08 this study notes post-surgical changes at the L5-S1 disc space with evidence of a laminectomy defect at L5 on the right there was enhancement surrounding the thecal sac posteriorly to the right of midline extending laterally into the right lateral recess surrounding the right S1 nerve root consistent with epidural fibrosis she subsequently underwent selective nerve root blocks on 03/28/08 which failed to provide any relief she has been followed periodically by Dr. who provides oral pain medications radiographs performed on 08/26/10 compared against previous studies show no change recent radiographs performed on 07/26/11 are reported to have shown degenerative disc disease at L5-S1 with mild instability at L4-5 it's noted that the claimant's treatment plan was altered due to pregnancy most recent clinical note indicates that the claimant has some back pain and leg pain she's utilizing pain medications on a daily basis she received refills of her oral medications the records do not provide a detailed physical examination.

The initial review or the request was for MRI of the lumbar spine.

The initial review was performed on 08/15/11 by Dr. who non-certifies the request noting that there's no examination and that radiographic reports are non-specific a subsequent appeal request was reviewed by Dr. who notes that the last two medical examinations performed did not update any of the clinical findings regarding the lumbar spine he notes that this is request for repeat MRI of the lumbar spine secondary to radiculopathy he notes that the last documented examination was 04/16/08 he subsequently non-certifies the request given the lack of current physical data.

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

The request for MRI of the lumbar spine is not supported by the submitted clinical data and the previous determinations are upheld. The submitted clinical records provide no supporting data to establish that the claimant has a progressive neurologic deficit. There are no recent detailed physical examinations to correlate with the claimant's subjective complaints. As such the request cannot be certified as medically necessary per the ODG.

#### **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**