

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Sept/12/2011

**IRO CASE #:**

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

Lumbar MRI 72158

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

M.D. Board Certified Orthopedic Surgeon

**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**

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates, chapter low back, MRI

Lumbar MRI report 07/01/10

Dr. office notes 07/01/10, 12/14/10, 04/18/11, 07/18/11, 08/09/11

10/22/10 NCS study

Peer review reports 08/12/11, 08/22/11

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male with a date of injury of xx/xx/xx after pulling a load. Diagnosis was status post two back surgeries in 2006, chronic pain syndrome and post laminectomy syndrome. The MRI of the lumbar spine from 07/01/10 showed prior laminectomy at L5-S1, 4 millimeter posterior disc osteophyte complex with left lateral component slightly displacing the descending left S1 nerve root, no central canal stenosis, foramina remain widely patent, prior left hemilaminectomy at L4-5, flattening along the posterior disc and no central canal stenosis or nerve root contact. The 10/22/10 nerve conduction studies showed no evidence of entrapment neuropathy or radiculopathy in the bilateral lower extremities. Dr. has been providing pain management. On 08/09/11, the claimant reported slipping one week ago with worsening of his pain. Dr. recommended medication and MRI with and without contrast.

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

On overview, there would appear to be chronic back symptomology after a prior surgery. However recent notes did not reveal any change in this individual's neurologic condition. There is no evidence of an evolving or progressive neurologic problem such as a progressive radiculopathy or the development of myelopathy. Absent these findings, the Official Disability Guidelines would not be satisfied for medical necessity regarding the proposed MRI. The

reviewer finds no medical necessity at this time for Lumbar MRI 72158.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates, chapter low back, MRI

Indications for imaging -- Magnetic resonance imaging

- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit.
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICA 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)