

SENT VIA EMAIL OR FAX ON
Sep/01/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/01/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Repeat MRI of the lumbar spine

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Spinal orthopedic surgery, practicing neurosurgery

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

1. Request for IRO 01/15/11
2. Utilization review determination 07/25/11
3. Utilization review determination 08/13/11
4. MRI lumbar spine 03/01/11
5. Clinical records Dr. 07/01/11
6. Request for MRI lumbar spine 07/19/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained injuries to his low back on xx/xx/xx. The first available clinical record is an MRI of the lumbar spine dated 03/01/11 which notes an anterior spondylolisthesis of L5 on S1 there's a herniated disc at the L5-S1 disc space which is to the right. There's narrowing of the intervertebral foramen bilaterally with slightly more impingement on the right by the herniated disc the remaining disc spaces and vertebral bodies are normal in appearance.

On 07/01/11 the claimant was seen by Dr.. The claimant was referred by Dr. for evaluation of low back pain. He reports that he fell off a pump jack several months ago. He broke his left heel in the process and was on crutches. He now reports his left hip hurts substantially radiating down his left leg. On physical examination he's noted to be 5'10" tall weigh 112 pounds. Motor strength is graded as 5/5 throughout. MRI was discussed. He's opined to have low back pain with radiculopathy and spondylolisthesis at L5-S1. He's recommended to undergo a repeat MRI.

On 07/19/11 the request was reviewed by Dr. who non-certifies the request. He notes that the records do not reflect any new onset of severe progressive deficits including weakness loss of reflex or muscular atrophy. On physical examination there are no significant changes in the claimant's subjective complaints. Subsequently he notes Official Disability Guidelines would not support repeat imaging.

An appeal request was reviewed on 08/15/11 by Dr. who non-certifies the appeal request noting that the claimant complains of low back pain in association with associated radiation into the lower extremities. She's previously undergone MRI of the lumbar region. She notes that the claimant does not meet criteria for repeat imaging given that there are no significant changes in pathology or symptomology.

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 supported as medically necessary and the previous utilization review determinations are upheld. The submitted clinical records indicate that the claimant sustained a fall from eight feet and was initially referred for MRI of the lumbar spine which indicated a grade 1 spondylolisthesis of L5-S1 with a right lateralizing disc protrusion. At the time of presentation on 07/01/11 the claimant has complaints of low back pain radiating into the left lower extremity not consistent with the previous imaging study. The claimant's physical examination is unremarkable motor strength is graded as 5/5 there's no sensory or reflex changes noted. As such there is no clinical indication that the claimant has a progressive neurologic deficit which would warrant repeat imaging under Official Disability Guidelines. It is therefore opined that the MRI is not medically necessary and the previous determinations are 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