

SENT VIA EMAIL OR FAX ON
Mar/28/2012

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/27/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar MRI with and without contrast

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

Utilization review determination 02/21/12

Reconsideration / appeal of adverse determination 03/02/12

Preauthorization request and reconsideration request

Chiropractic notes Dr. 12/10/10-03/12/12

Neurosurgical consultation and follow-up notes Dr. 05/16/11-10/31/11

Office notes Dr. 03/30/11-10/11/11

CT myelogram lumbar spine 08/19/11 and 05/27/11

MRI lumbar spine 01/24/11

EMG/NCV 02/03/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female whose date of injury is xx/xx/xx. She was injured when another car struck her head on in successful suicide attempt. The claimant sustained neck and back injuries as well as right shoulder injury. MRI of lumbar spine performed 01/24/11 revealed 1-2 mm posterolateral disc bulge bilaterally at L3-4. At L4-5 there is a 3 mm right posterolateral disc bulge / protrusion with 2 mm left posterolateral disc bulge as well. This produces mild to moderate proximal neural foraminal stenosis bilaterally. Electrodiagnostic testing on 02/03/11 revealed findings consistent with right L5 radiculopathy. CT myelogram on 05/27/11 was reported as normal study with no evidence of significant disc protrusion, neuroforaminal narrowing, canal stenosis or abnormalities of distal spinal cord. Repeat CT myelogram on 08/19/11 revealed under filling of right L4 nerve root sleeve suspected. There was questionable soft tissue fullness in right neural foramen of L4-5. Radiologist was unsure if this was course of right L4 nerve root extending into neural foramen or small extruded disc fragment. The claimant is noted to be status post lumbar surgery performed 12/14/11. On chiropractic SOAP notes the claimant continued with pain in low back area into right buttock area. The claimant was recommended to undergo repeat MRI of lumbar spine.

A utilization review determination dated 02/21/12 determined the request for lumbar MRI with and without contrast as not medically necessary. The reviewer noted the claimant was evaluated on 02/13/12. Objective physical examination findings documented complaints of chronic pain, which were noted to be moderate in severity. The claimant was having subjective complaints of right buttock and right leg pain. Objective physical examination findings documented positive orthopedic and neurologic palpation findings indicating disc pathology with associated joint dysfunction. Muscle spasms were also noted, as well as what appears to be nerve pressure. Following the evaluation repeat MRI study of the lumbosacral spine was recommended. Previous physical examination findings from 10/31/11 documented that the claimant had back pain with straight leg raise testing. There was no weakness noted with dorsiflexion or plantarflexion of the foot or toe on the left. There was some weakness noted with dorsiflexion of the right great toe and right foot. There was no atrophy in the lower extremities noted. After discussing the case with Dr. the reviewer determined the request to be not medically necessary. It was noted that the claimant had surgery for disc herniation approximately six weeks ago by Dr. who released the claimant on 02/10/12, but he reportedly had increasing symptoms over the past two weeks with radicular type symptoms on the right side. There was no evidence of new injury or attempt to have claimant reevaluated. In addition there were no attempts of non-operative treatments in the early stages of surgery recovery. Upon review of the medical records the claimant has had significant diagnostic studies in addition to the chronic complaints of low back pain with radicular symptoms. He has had electrodiagnostic studies which showed findings consistent with a right L5 radiculopathy. A CT scan and CT myelogram have also been obtained as well as MRI study. Based on the objective physical examination findings there have not been any significant acute changes in this claimant's symptoms that would result in the need for repeated imaging study at this time. Additionally the most recent physical examination findings really do not document any findings such as loss of strength, loss of sensation in a specific dermatomal pattern, atrophy in the lower extremities or significant neurologic change that would warrant the need for repeat imaging study at this time to evaluate the claimant's chronic low back pain or leg radicular symptoms.

A reconsideration/appeal of adverse determination dated 03/02/12 upheld the previous denial of MRI of the lumbar spine. The reviewer noted the claimant sustained a motor vehicle accident injury on xx/xx/xx. She experiences back pain. She is status post lumbar surgery 12/14/11. Previous treatment has included medication management including Topamax, Prozac, Relafin, Soma, Wellbutrin, Xanax, Ultram and Elavil. Previous lumbar spine MRI last 01/25/11 showed at L3-4 a 1-2mm posterolateral disc bulge bilaterally; at L4-5 a 3mm right posterolateral disc bulge/protrusion with a 2mm left posterolateral disc bulge, with mild to moderate proximal neural foraminal stenosis bilaterally. A previous electrodiagnostic study last 02/03/11 showed right L5 radiculopathy. Previous lumbar spine CT myelogram last 08/19/11 showed a questionable soft tissue fullness in the right neural foramen of L4-5, which may be the course of the right L4 nerve root extending into the neural foramen or a small extruded disc fragment, while the remaining disc levels were normal. As per latest medical dated 02/23/12 the claimant complains of back pain. On physical examination Lasegue's test

and Milgram's test are positive on the right, specifically at the L4, L5 and S1 dermatomal areas on the right with reduced motor strength of the right hip flexor and knee flexor muscles. It was noted that previous peer review dated 02/21/12 recommended non-certification of the requested MRI on the grounds there were no significant acute changes in the claimant's symptoms that would result in the need for repeated imaging study, and that there was no evidence of attempts at non-operative treatment in the early stages of surgery recovery, and that the recent clinical assessment did not contain signs and symptoms that would warrant repeat imaging. It was noted that the records submitted for review still did not address the issues raised by the previous peer reviewer. Furthermore the recent medicals submitted for review dated 02/23/12 still did not contain comprehensive objective findings such as a detailed neuromotor examination that substantiate the necessity of the requested study. There was still no objective documentation of the failure of trial of conservative treatment such as physical therapy and pharmacotherapy. As such the previous non-certification for repeat lumbar spine MRI with and without contrast is upheld.

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

The request for lumbar MRI with and without contrast is not supported as medically necessary based on the clinical data provided for review. The claimant is noted to have sustained multiple injuries secondary to motor vehicle accident in which the she was driving was struck head on by another vehicle. The claimant is noted to have undergone lumbar spine surgery on 12/14/11 at the L4-5 level to decompress the right L5 nerve root. The claimant has continued subjective complaints of low back pain. Most recent clinical notes indicate that the claimant has pain in the low back area and into the right buttock area with muscle spasms. However, there is still no detailed physical examination with assessment of motor, sensory and reflex function. Noting that there is no objective evidence of progress neurologic deficit or significant change in symptomatology, repeat MRI of the lumbar spine with and without contrast is not indicated as medically necessary.

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)