

SENT VIA EMAIL OR FAX ON  
Mar/28/2012

## Applied Assessments LLC

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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:**  
MRI without contrast of the lumbar spine

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
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  
Request for IRO 03/13/12  
Utilization review determination 03/06/12  
Utilization review determination 03/09/12  
Clinical records Dr. 03/01/12 and 03/15/12  
Prospective review response 03/14/12  
Utilization review history  
MRI lumbar spine 02/02/07  
MRI lumbar spine 07/02/08  
CT lumbar spine 01/16/12  
CT lumbar spine 10/21/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who is reported to have a date of injury of xx/xx/xx. Per the carrier

records the claimant sustained a strain to his low back while lifting a toolbox. The record includes previous imaging studies which include an MRI of the lumbar spine dated 02/02/07 which notes a moderate disc bulge at T12-L1 moderate disc degeneration at L1-2 with mild disc bulge L2-3 L3-4 and L5-S1 are reported as normal at L4-5 there's mild disc bulge and early facet arthritis records further indicate that the claimant underwent MRI of the lumbar spine on 07/02/08 which notes mild diffuse degenerative changes and borderline central stenosis at L1-2. CT of the lumbar spine was performed post discography on 10/21/10 which shows no large disc protrusions or canal stenosis there are multiple Schmorl's nodes throughout the lumbar spine. A repeat CT was performed on 01/16/12 and again notes diffuse annular disc bulges at multiple levels with no significant foraminal or spinal canal stenosis.

On 03/01/12 the claimant was seen by Dr. . The claimant is noted have had the onset of axial low back pain with some radiation to the right sacroiliac area. He's reported to have previously undergone facet injections without relief. He's reported to have undergone L4-5 provocative discography with precipitation of the same terrible back pain he always has. On physical examination his motor strength is noted to be intact. Gait is normal coordination is normal. It's opined that the claimant has severe low back pain likely from degenerative disc disease at L4-5 supported by MRI and history of positive discogram MRI is over a year old he requests a new MRI. The initial review was performed on 03/06/12 by Dr. who non-certified the request noting that there is no documentation provided related to pain management evaluations as well as determinations of pain generators he cites a recent CT scan dated 01/16/12. He further notes that discography was performed on 10/21/10. He opines it is unclear as to what additional MRI is going to add to this particular setting. He notes that there's no documentation of assessment of instability as a potential source of back pain and notes that lateral flexion and extension views would be appropriate. As such he non-certified the request. The appeal request was reviewed by Dr. on 03/09/12 who non-certified the request noting a lack of documentation on assessment of instability as a potential source of back pain. He notes there's no documented changes on physical examination. He indicates no additional information was provided and as such he non-certified the request.

**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 as medically necessary. The submitted clinical records indicate that the claimant has undergone multiple imaging studies over the course of the claim with no evidence of significant change. Most recent imaging studies include a CT of the lumbar spine which notes multilevel disc protrusions without evidence of central canal or neural foraminal stenosis. The claimant is reported to have positive discography at L4-5. A repeat MRI again shows no evidence of progression of disease. Serial physical examinations do not indicate that the claimant has evidence of progressive neurologic compromise which would warrant a repeat MRI. The claimant's imaging studies are essentially stable and there's sufficient information to establish that the L4-5 level has been identified as the pain generator a repeat MRI will not provide any additional data that would alter potential treatment options and therefore is not opined to be medically necessary.

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

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**