

SENT VIA EMAIL OR FAX ON
Apr/09/2012

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/09/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI Lumbar Spine without Contrast

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

Family Practice

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

There are (18) pages submitted for review. Records reviewed include prior determination review dated 03/09/12, prior determination review dated 02/29/12, progress note dated 03/06/12, certificate of medical necessity for nerve conduction studies, progress notes (includes handwritten exam notes) dated 02/27/12, progress note dated 02/16/12 with plain film report of lumbar dated same date.

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male reported to have sustained a work related injury on xx/xx/xx. There is an appeal review dated 03/09/12 that was performed by (Occupational Medicine) and a prior review dated 02/29/12 by. Both opined non-certification. There is a recent progress note dated 03/06/12 with the most recent exam. This note is specific to low back, right knee, neck and right hand. The claimant continues with severe sharp pain to the lower/middle back area. Pain to low back rated at 9/10 with no improvement with symptoms. Although walking better, the claimant indicates aggravation of pain. Neck pain improved but right hand has constant pain and mobility impairment. On exam of low back, there is paraspinous muscle pain with spasm, vertebral point tenderness, ROM reduced decreased due to spasm. The extremities reveal normal ROM, no joint swelling, distal sensory and motor intact. The 02/27/12 progress note does have objective findings of positive Kemp's and SLR bilaterally. Cervical compression and Jackson's positive on the right. ROM of lumbar reveals flexion 70 degrees with pain, extension 16 with pain, right /left lateral flexion is 22/20 with pain, L1-L5 tender to palpation with spasm. There are diminished sensations to right leg. Plain films of

lumbar dated 02/16/11 indicates left marginal osteophytic changes seen at L3-4 and L2-3 levels. There is minimal vacuum disc phenomenon noted at same mentioned levels associated with thinning of the disc at L5/S1. Anterior marginal osteophytes noted at L2-L5. Facet joint narrowing noted at L3-S1. Prior review notes do indicate a prior EMG/NCV of lower extremities that was unremarkable.

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

Based on the clinical information provided, the request for MRI lumbar spine without contrast is not supported as medically necessary. Participation in physical therapy and other conservative measures, as recommended by the guidelines, is not documented and it remains unclear as to the extent of prior treatment. There is mention of a prior electrodiagnostic study of the lower extremities that is not provided. Given that prior treatment is not specified and detailed, and noting that clinical information provided does not demonstrate progressive neurologic deficit with normal motor and sensory findings, medical necessity is not established for the proposed lumbar MRI, and previous denials are upheld.

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)