

# True Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Aug/08/2012

**IRO CASE #:**

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

MRI of the Lumbar Spine with and without contrast as an outpatient

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

Orthopedic spine surgeon, practicing neurosurgeon

**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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Request for IRO

Utilization review determination

Utilization review determination

Clinical records

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male. It is reported that the claimant lifted a causing immediate low back pain. He is reported to have been diagnosed with an HNP and underwent a partial discectomy. This is reported to have given him complete relief of his symptoms with only intermittent flare-ups.

The claimant subsequently came under the care of Dr.. It's noted that the claimant has intermittent exacerbations he reports that post-operative therapy was helpful. He had two previous epidural steroid injections prior to the surgery with the first providing no benefit and the second providing complete relief of symptoms for several months .The claimant continued

to work. On this exam initial examination motor strength is graded as 5/5 sensation and reflexes are intact radiographs show decreased L5-S1 disc space. The claimant was provided prescriptions and instructions on proper body mechanics. Records indicate that the claimant periodically followed up with Dr. on a PRN basis for exacerbations of pain. A request was placed for MRI of the lumbar spine which was not approved. It is reported that IRO was also denied and that the request had to go to a contested case hearing.

Records indicate that the claimant received symptomatic treatment with tramadol and soma. There were multiple references to a pending MRI. On it's reported that he ambulates well he has guarded lumbar spine range of motion with some minimal pain on extension his lower extremities are now muscularly intact with a negative straight leg raise negative Patrick's test there's still diminished bilateral patellar and absent Achilles reflexes. Clinical note dated reports that the claimant had an exacerbation which provided Medrol DosePak for a flare up of lumbar pain radiating into both gluteal areas. Medications are not currently changing his symptoms physical examination reports slightly positive straight leg raise diminished bilateral patellar and Achilles reflexes it was noted that the claimant underwent an independent medical examination by Dr. Dr. recommended a repeat MRI to further evaluate the patient's spine and reproducible radicular symptoms he recommended an MRI be done with and without contrast. His physical examination is grossly unchanged

The initial review was performed by Dr. Dr. non-certified the request he notes that there was a recommendation by Dr. for MRI however it is noted indicated how this would alter the claimant's treatment. Peer to peer was attempted but not completed and subsequently the request was non-certified.

An appeal request was reviewed by Dr. Dr non-certified the request noting that the claimant has ongoing complaints of back pain with intermittent lower extremity radicular symptoms. He notes that there's no documentation of any loss of strength in the bilateral lower extremities and it is uncertain that there is any specific change in reflexes other than being diminished in the bilateral lower extremities but apparently symmetric. He notes that there's no loss of any sensation in specific dermatomal pattern. He notes without any significant documentation of acute change in neurological function or progressive worsening of neurological function Official Disability Guidelines would not support a repeat MRI study.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE 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 prior utilization review determinations are upheld. The submitted clinical records indicate that the claimant is a male who sustained injuries after picking up a. This ultimately resulted in the performance of an L5-S1 discectomy. Post-operatively the claimant is noted to have significant improvement in his radicular symptoms and low back pain. The claimant has continued to work. The serial clinical records do not suggest presence of a progressive neurological deficit. The claimant has periodic exacerbations and his symptoms wax and wane. It would be noted that the claimant routinely participates in a home exercise program. However until there is clear definitive objective evidence of a progressive neurological deficit a repeat MRI would not be supported by the Official Disability Guidelines.

**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**