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Notice of Independent Review Decision

Date notice sent to all parties:

December 5, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Treatment Services Request: MRI

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Clinical notes 04/11/12-10/03/12
Clinical note 09/25/12 and 10/04/12
Emergency room record
Radiographs lumbar spine 09/27/12
Electrodiagnostic studies 10/04/12
Prior reviews 10/11/12 and 10/18/12
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury after stepping out of a truck. The patient developed pain in the low back and was initially assessed with a lumbar sprain/strain. The patient primarily complained of axial low back pain and previously was provided ibuprofen and Robaxin for pain. The patient denied any lower extremity weakness. The patient was evaluated by Dr. on 09/25/12 and physical examination revealed no evidence of focal neurological deficits. The patient demonstrated an antalgic gait. The patient was recommended for electrodiagnostic studies. The patient was seen in the emergency room on 09/27/12 after lifting a box out of the back of the truck of a patient. The patient reported a pop in the low back with onset of low back pain. Physical examination revealed no evidence of neurological deficits. There was decreased range of motion in the lumbar spine with associated muscular spasms. The patient was given a Toradol injection and prescribed Norco and Flexeril. Radiographs on 09/27/12 were unremarkable. The patient continued to demonstrate persistent tenderness and spasms in the lumbar spine and electrodiagnostic studies on 10/04/12 by Dr. were essentially normal. The request for an MRI of the lumbar spine was denied by utilization review on 10/11/12 as there was no evidence of red flags or neurological deficits that would support MRI studies of the lumbar spine. The request was again denied by utilization review as there was no evidence of progressive or severe neurological deficits.

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

The requested MRI of the lumbar spine would not be supported as medically necessary based on the clinical documentation provided for review and current evidence based guidelines. The patient has had primary complaints of axial low back pain with no evidence of trauma in the lumbar spine per the radiograph studies provided for review. There is no objective evidence of any progressive or severe neurological deficits in the lower extremities that would point to pathology in the lumbar spine requiring MRI studies. Additionally, electrodiagnostic studies of the lower extremities were unremarkable and further do not support the use of MRI studies in this case. As there is no evidence of red flags to support imaging studies as outlined by current evidence based guidelines, medical necessity would not be established.

IRO REVIEWER REPORT TEMPLATE -WC

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

Official Disability Guidelines, Online Version, Low Back Chapter

<u>Indications for imaging</u> -- Magnetic resonance imaging:
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection, other “red flags”
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit.
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient