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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Dec/04/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar MRI

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

PM&R and Pain medicine

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
Legal correspondence 11/14/12
Request for IRO 10/17/12
Receipt for request for IRO 11/14/12
Utilization review determination 10/11/12
Utilization review determination 10/26/12
Clinical note 01/31/12
EMG/NCV study 02/21/12
Clinical records 06/05/12-08/09/12
Vestibular auto rotation test 06/05/12
EMG/NCV study 08/08/12
Functional assessment 10/01/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was reported to have a date of injury of xx/xx/xx. Per the submitted clinical records, the claimant sustained a fall which resulted in two subsequent back surgeries. The claimant developed a failed back surgery syndrome. Clinical notes indicated that the claimant had complaints of low back pain with radiation into the left lower extremity and on physical examination he was noted to be 6'2" tall and weigh 397 pounds and he was noted to have bilateral lumbar facet tenderness, left greater than right, and positive straight leg raise on the left and motor was intact and sensory was diminished in the left thigh. Records indicate that on 02/21/12 the claimant underwent EMG/NCV study which

showed evidence of symmetric generalized chronic peripheral polyneuropathy, as well as electrodiagnostic evidence of a bilateral chronic L5-S1 poly radiculopathy and records indicate that a second EMG/NCV was performed on 08/08/12 and that this study was reported to show evidence of a chronic bilateral L4 radiculopathy with some evidence of an L5 radiculopathy on the right and the claimant was recommended to undergo MRI of the lumbar spine. The record included a letter of appeal from who notes that he was being assessed for a dorsal column stimulator and, subsequently, he requires the device or the MRI of the lumbar spine and it was noted that this was to confirm specifics for installation of a dorsal column stimulator.

The initial request was reviewed on 10/11/12 non-certified the request, noting that repeat MRI should be reserved for those documented with significant progressive neurological deficits on physical examination or red flags indicating evidence of cancer, spine infection, or cauda equina syndrome. He noted that physical examinations provided on and from 08/20/12 did not note any significant changes indicating a progressive neurological deficit and non-certified the request.

The appeal request was reviewed on 10/26/12. non-certified the appeal request, again noting that Official Disability Guidelines did not support repeat MRI without evidence of significant progressive neurological deficit or red flags.

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

The request for 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 has a history of failed back surgery syndrome for which he has chronic low back pain with radiation to the lower extremities. There are no progressive changes noted on the serial physical examinations which would indicate a progressive neurological deficit and warrant imaging studies. Per the claimant letter of appeal, he reports that he was being considered for dorsal column stimulation and that MRI apparently was recommended as a pre-operative study. The record contains no data to support this report further and, in the absence of insight from the requester, CT would be a better evaluation if the claimant was being considered for permanent implantation of a dorsal column stimulator. Therefore, based on the submitted clinical information and noting a lack of progressive neurological deficit, the prior utilization review determinations are upheld.

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