

SENT VIA EMAIL OR FAX ON
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Pure Resolutions LLC

An Independent Review Organization
990 Hwy 287 N. Ste. 106 PMB 133
Mansfield, TX 76063
Phone: (817) 405-0870
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/30/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of the lumbar spine without dye to include CPT code 72148

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

Anesthesiology

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

Prospective / concurrent review determination 11/23/11

Prospective / concurrent review determination 12/19/11

Consultation report and office notes 03/07/11-01/12/12

Employer's first report of injury or illness

Notice of disputed issues and refusal to pay benefits 02/28/11

Office notes 04/11/11-10/26/11

Required medical examination 10/14/11

Designated doctor evaluation 07/29/11

Health note 01/04/11-02/28/11

Utilization review regarding trigger point injections, right SI joint injection, and x-rays of lumbar spine (undated)

MRI lumbar spine 02/03/11

MRI left ankle 02/03/11

X-rays left ankle 01/15/11

Physical therapy initial evaluation and progress notes 01/14/11-02/24/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who reportedly was injured on xx/xx/xx when she stepped in hole and turned her ankle. The patient was noted to complain of low back pain and radiation of lower extremities. MRI of lumbar spine performed 02/03/11 was reported as normal study. Per designated doctor evaluation performed 07/29/11, the claimant was found to not have

reached maximum medical improvement secondary to continued significant chronic SI joint pain and associated insomnia. The claimant subsequently underwent required medical examination on 10/14/11. The RME doctor indicated the claimant appeared to have suffered sprain/strain of left ankle and lumbar spine. Lumbar MRI is reportedly entirely normal and ankle has resolved to greater extent without any records noting acute bony changes having occurred at time of injury. As such, ODG recommends treatment up to 9 weeks which would include short course of physical therapy of approximately 9 sessions rendered 3 times a week consecutively, use of anti-inflammatory, analgesic and muscle relaxant in initial 3 weeks would be appropriate, and after that treatment no longer falls within ODG criteria. At this time the claimant is no longer in ODG guidelines as far as treatment is concerned. The claimant was seen on 11/03/11 with increasing back and leg symptoms. She notes weakness and numbness. Physical examination reported antalgic gait. Straight leg raise produced back pain only. There is no evidence of motor weakness or sensory changes.

A request for lumbar MRI was reviewed on 11/23/11 and recommended for denial. It was noted previous MRI performed on 02/03/11 was reported as normal. It was further noted criteria did not appear to have been met for initial study. There is no reason to get another MRI under injury claim. It was noted the 11/03/11 note does not report any neural deficits and straight leg raise is negative.

A reconsideration request for MRI of lumbar spine without dye was reviewed on 12/19/11. The reviewer noted prior lumbar MRI was unremarkable. It was noted trigger point injections and epidural steroid injections is inconsistent with ODG as discussed in RME. There were numerous yellow flags noted in presentation, none of which would be addressed with further imaging. Psychobehavioral factors predominating, recommend denial.

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

The clinical data submitted for review does not support determination of medical necessity for repeat MRI of lumbar spine without dye. The claimant is noted to have sustained injury when she stepped in hole and twisted her ankle. She also complains of low back pain. MRI of lumbar spine performed on 02/03/11 demonstrated no degenerative disc disease or disc herniation. The study was completely normal without evidence of lumbosacral pathology. The claimant has subjective complaints but there is no evidence of neurologic deficit with normal motor, sensory or reflex examination. Per ODG guidelines, repeat MRI is not routinely recommended and should be reserved for significant change in symptoms or findings suggestive of significant pathology/progressive neurologic deficit. The claimant has previous normal MRI with no evidence of significant findings on clinical examination. The previous denials were correctly determined and recommended to be upheld on IRO.

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