

SENT VIA EMAIL OR FAX ON
Feb/09/2012

Pure Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Feb/08/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar MRI w/o contrast

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Preauthorization review 11/30/11
Reconsideration utilization review 12/28/11
EMG/NCV studies 01/17/12
Initial evaluation and reevaluation reports, M.D. 09/07/11-12/22/11
MRI lumbar spine 06/09/11
Independent Medical Evaluation M.D. 10/10/11
Initial evaluation M.D. 07/18/11
Functional capacity evaluation 08/01/11
Dispute designated doctor report 09/15/11
Texas Peer Review M.D. 09/22/11
Preauthorization request 11/23/11
Reconsideration request 12/20/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xx. Records indicate the claimant was injured while using hacksaw cutting metal tube. He had his back to 50 foot long 12 inch steel pipe which rolled off table and struck him unexpectedly in back while standing throwing him into the tube he was cutting. He complains of low back pain with spasms, pain which runs down lateral aspect of both legs. MRI of lumbar spine performed 06/09/11 revealed right paracentral disc protrusion at L4-5 measuring 4 mm anterior posterior; extruded disc extends superiorly along posterior margin of L4 slightly effacing the anterior thecal sac. Disc protrusion contacts right L5 nerve root centrally. Mild right sided neural foraminal stenosis is noted without mass effect on right L4 nerve root. There is a central disc protrusion at L5-S1 measuring 4 mm anterior posterior which slightly effaces the anterior thecal sac and contacts right S1 nerve root. There is bilateral facet arthropathy with mild bilateral neural foraminal stenosis. Electrodiagnostic studies performed on 01/17/12 reported some evidence to suggest mild active bilateral and chronic right L5-S1 radiculopathy. On examination the claimant is noted to be 5'11" tall and 298 lbs. He is unable to climb out of chair without assistance of arms or rolling excessively forward. His quads are noted to have less than 50% of bulk one would expect on person. Per reevaluation note dated 12/22/11, the claimant was recommended to undergo MRI, nerve conduction studies.

A preauthorization request for repeat MRI of lumbar spine was determined as not meeting medical necessity guidelines. The reviewer noted ODG guidelines provide repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and / or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recurrent disc herniation). It was noted that evidence of significant spinal pathology is absent. The claimant previously was seen by designated doctor who assigned a 0% impairment which is indicative of no radiculopathy. An RME physician opined that ongoing care is neither reasonable nor necessary. Prior lumbar imaging has adequately defined the lumbar anatomy. There is no documented evidence of a change of symptoms or findings suggestive of significant pathology. As such Official Disability Guidelines criteria for repeat imaging is not met. Peer to peer discussion with Dr. took place, but additional medical information of clinical interest was not provided.

A reconsideration request for repeat MRI of the lumbar spine was reviewed on 12/28/11 and it was determined that the requested treatment does not meet medical necessity guidelines. Reviewer noted that Official Disability Guidelines state that repeat MRI should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. In this case date of injury is xx/xx/xx. MRI was obtained 06/09/11 showing bulging with slight effacement of the L4 nerve root. The claimant's examination is unchanged, thus there is no indication for repeat MRI at the present time.

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

Based on the clinical information provided, medical necessity is not established for repeat MRI of the lumbar spine without contrast. The claimant is noted to have sustained an injury to the low back on xx/xx/xx. He has undergone previous MRI and subsequent electrodiagnostic testing. MRI performed 06/09/11 revealed 4mm disc protrusion at L4-5 and L5-S1. It was noted that designated doctor evaluation determined the claimant to have reached maximum medical improvement with 0% impairment rating which indicates no evidence of radiculopathy. There is no clinical evidence of significant change in symptoms or findings suggestive of significant pathology such as progressive neurologic deficit. As such the request for repeat MRI of the lumbar spine is not supported as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES