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Notice of Independent Review Decision

DATE OF REVIEW: 1-20-2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of MRI lumbar spine, follow up office visit as needed.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the MRI of the lumbar spine.

The reviewer disagrees with the previous adverse determination regarding the follow up office visit.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Pain Center, MD.

These records consist of the following:

- MDR paperwork including denials 2011/11/29 and 2011/10/19
- 2007/06/18: Notice of Disputed Issues and Refusal to Pay Benefits.
- 2007/07/18: Encounter note by PA C.
- 2007/09/21: Initial Visit, M.D., Clinic.
- 2009/09/24: Workmen's Compensation Verification Form, Pain Center, Clinic.
- 2009/09/28: Office/outpatient consultation, M.D.
- 2009/10/05: Physical therapy initial evaluation/examination total rehab.
- 2009/10/06: Request for preauthorization for EMG and nerve conduction studies, submitted by Dr..
- 2009/10/07: Notice of certification for requested EMG/NCV.
- 2009/10/22: Outpatient follow-up, Dr..
- 2009/11/13: Physical therapy reevaluation.
- 2009/12/29: Physical therapy discharge summary.
- 2010/05/20: Follow-up visit, Dr..
- 2010/06/21, 9/27, 10/28: Follow-up visits, Dr.
- 2011/02/10, 03/17, 05/20, 05/26, 07/14, 07/21, 09/01, 10/06, 11/17: Follow-up visits, Dr..
- 2010/06/22 and 09/27: Requests for authorization for lumbar epidural steroid injections for lower back pain.
- 2010/06/29: Authorization for lumbar epidural steroid injections.
- 2010/10/01: Authorization for lumbar epidural steroid injections.
- 2011/01/20: Required medical examination report, first page only.
- 2011/02/09: Letter to Dr. from Services, Inc.
- 2011/03/11: Letter to Dr. from Services, Inc. notifying the intention to require preauthorization for all further treatment.
- 2011/03/14: Initial medical narrative report, intake form and other records, Dr., Chiropractic and clinic.
- 2011/03/28: Visit summary, Dr..
- 2011/05/04: Letter from Dr. pertaining to the request for continuing therapy at chiropractic.
- 2011/05/05: Preauthorization request for continued to chiropractic treatment with Dr., continued medication prescriptions, and for outpatient follow-up visit with Dr..
- 2011/05/05: Notification of authorization for chiropractic treatment low back.
- 2011/05/10: Notification of denial for requested further chiropractic treatment.
- 2011/05/23: Utilization review report, including non-authorization for requested lumbar MRI.
- 2011/08/30: Preauthorization request for outpatient follow-up visit, Dr..
- 2011/10/10: Preauthorization request for MRI lumbar spine with diagnosis code 724.2 low back pain.
- 2011/10/13: Physician advisor referral with notification of non-certification for the requested MRI.

- 2011/10/19: Notification of non-certification for the requested MRI.
- 2011/11/10: Request for reconsideration for requested MRI, , Pain Center.
- 2011/11/18: Request for reconsideration of the proposed MRI of the lumbar spine and for follow-up visits as needed, Dr..
- 2011/11/29: Notification of denial after reconsideration.
- 2011/12/19: IRO request, submitted by Dr..
- 2012/01/04: Notice to utilization review agent of assignment of Independent review organization.

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Worker was injured on the job xx/xx/xx while working at xx. According to records, she and another worker were carrying a cabinet. She was stepping backward toward a cart when she tripped on it, landing in a sitting position. The cabinet fell on her. She received primary care including physical therapy but the symptoms increased. She moved to another state for a time and continued therapy.

In July 2007 the Patient Encounter note by PA C mentions that electrodiagnostic studies were reported to be positive for "right tarsal tunnel, left superficial peroneal neuropathy, and for bilateral sural sensory neuropathies, none of which are surgical lesions as relatable to her Sx and Hx".

Dr. saw the injured worker. The worker complained of pain and numbness to the lower back and right shoulder. Dr. diagnosed lumbar disc bulges at L4-L5, L5-S1, and lower extremity neuropathy. Dr. referred the worker to Dr. for pain management evaluation and treatment.

Dr. saw the injured worker initially on. He noted that the symptoms had been refractory to usual outpatient measures including nonsteroidal anti-inflammatory drugs, opiates, muscle relaxants, as well as physical and manual therapies. He recommended formal EMG/NCV studies, physical therapy with modalities, medications, and "consider diagnostic interventional therapies pending review of above including diagnostic sacroiliac joint, epidural therapy as well as lumbar facet blockade".

The worker received more physical therapy at total rehab for three weeks. On the physical therapy discharge summary dated December 29, 2009 the disposition was to discharge the worker to the home exercise program previously given. Therapy goals had been partially met and the therapist stated that no further physical therapy intervention was indicated at that time and in that setting.

On the follow-up visit with Dr. 10/22/2009, Dr. reviewed the findings from the repeat EMG and nerve conduction studies. He noted that findings on the EMG and nerve conduction studies were in discordance with the previously performed studies. He stated that the clinical picture at this point is most consistent with myofascial pain.

On May 20, 2010 Dr. again recommended continuing the pain management program. On June 21, 2010 Dr. recommended epidural steroid injections for diagnostic and therapeutic purposes. The procedures were performed July 14 and July 21, 2010. On the follow-up visit 8/19/2010 the pain score was 3/5 in the left lower back and leg. On 9/27/2010 the lower back and left leg pain score was 4/5. Dr. felt that the symptoms were "unlikely facet or sacroiliac joint mediated as they radiate below the knee". Repeat epidural steroid injections were recommended. "History and physical exam continue most consistent with lumbar radiculopathy despite essentially normal remote MRI as well as EMG/nerve conduction velocity studies. Cannot rule out unusual presentation of lumbar facet arthropathy/sacroiliac arthropathy". Repeat epidural steroid injections were authorized and were performed October 6, 2010.

A required medical examination (RME) was performed January 20, 2011 (only the first page of the report was submitted for this review). On the follow-up visit February 10, 2011 Dr. commented about the RME recommendations and agreed additional physical and manual therapy might be indicated and helpful. Reported findings on the physical examination included the following:

- Palpation: lumbar left paraspinal muscles, sacral left paraspinal muscles, and left gluteus maximus, left gluteus minimus gluteal pain;
- Neuro-vascular: DTR 1/4 left patellar tendon;
- Muscular Strength: 5/5 graded muscle strength of the iliopsoas, quadriceps, hip adductors, gluteus maximus and medius; Range of Motion: LAROM 20 degrees extension, 80 degrees flexion;
- Maneuvers: (+) left pelvic rock test; (+/-) left Fabere test.

In accordance with recommendations from the RME, Dr. requested authorization for chiropractic evaluation and for chiropractic treatment.

On March 14, 2011 Dr. evaluated the injured worker and proposed a plan of treatment, including chiropractic adjustments, electrical muscle stimulation, cold/hot packs, massage (trigger point) and therapeutic exercises at the Chiropractic and Clinic. On subsequent outpatient follow-up visits with Dr., the worker reported that the treatments were beneficial.

On March 17, 2011 Dr. stated that the injured worker had returned to the pain center with lower back pain radiating into both lower extremities. He recommended physical and manual therapies with modalities including chiropractic adjustments as previously recommended, oral analgesics including tramadol and Zanaflex, and to consider updated magnetic resonance imaging if symptoms persist or worsen.

A request for lumbar MRI and for office visits was submitted and was non-authorized. On May 26, 2011 Dr. requested reconsideration of follow-up magnetic resonance imaging of the lumbar spine. Again on November 10, 2011 Dr. submitted a request for reconsideration regarding the requested MRI. He listed the compensable diagnoses as the following: (the) accepted compensable injury registered with the Texas Department of Workers compensation on 06/18/07 is lumbar strain / bulging disc L4-L5 L5-S1.

On the follow-up visit November 17, 2011 examination of the lower back was reported by Dr. to reveal the following:

Inspection: normal skin, soft tissue and bony appearance with gentle lumbar lordotic curve, no gross edema or evidence of acute injury;

Palpation: lumbar left paraspinal muscles, sacral bilateral sacral paraspinal muscle, and bilateral gluteus maximus gluteal pain;

Neuro-vascular: DTR 1/4 left patellar tendon, DTR 2/4 right patellar tendon;

Muscular Strength: 5/5 graded muscle strength of the iliopsoas, quadriceps, hip adductors, gluteus maximus and medius; Range of Motion: LAROM 20 degrees extension, 80 degrees flexion;

On November 17, 2011 Dr. again recommended follow-up MRI of the lumbar spine without contrast. In the medical records, reference was made to MRI findings of bulging discs at L4-5 and L5-S1. The requested MRI was non-certified and was subsequently non-certified on appeal.

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

DECISION

Based on the records submitted for review, the requested MRI procedure is not recommended at this time. The follow-up office visit is recommended, as medical follow up is appropriate for management of the compensable injury.

BASIS FOR THE DECISION

Regarding the request for follow-up office visits, in accordance with the ODG guidelines the injured worker meets the criteria for a diagnosis of chronic pain. Medical follow-up is individualized and is based upon several factors as noted below:

The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible.

Regarding the requested repeat MRI of the lumbar spine, according to the ODG Treatment Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 12/15/11), Regarding MRIs (magnetic resonance imaging):

Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)....) Imaging studies are used most practically as confirmation studies once a working diagnosis is determined.... Subsequent imaging should be based on new symptoms or changes in current symptoms. (Chou, 2011)

The records submitted for this review do not document definite evidence of a significant change in symptoms and/or findings suggestive of significant pathology. The physical findings on the reviewed records are insufficient to diagnose lumbar radiculopathy. The records do not document sensory findings in a dermatomal distribution, muscle weakness and/or atrophy in the distribution of specific nerve roots, or the presence of positive root tension signs.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**