

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 12/31/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of lumbar spine w/o contrast (72148)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering low back pain

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

| <i>Primary Diagnosis Code</i> | <i>Service Being Denied</i> | <i>Billing Modifier</i> | <i>Type of Review</i> | <i>Units</i> | <i>Date(s) of Service</i> | <i>Amount Billed</i> | <i>Date of Injury</i> | <i>DWC Claim #</i> | <i>Upheld Overturn</i> |
|-------------------------------|-----------------------------|-------------------------|-----------------------|--------------|---------------------------|----------------------|-----------------------|--------------------|------------------------|
| 722.93 | 72148 | | Prosp. | | | | | | Upheld |

INFORMATION PROVIDED FOR REVIEW:

1. Certification of independence of the reviewer and TDI case assignment.
2. TDI case assignment.
3. Letters of denial 11/28/11 & 12/02/11, including criteria used in the denial.
4. Letter from patient 12/01/11.
5. Provider's letter of appeal 11/28/11.
6. Radiology report 03/23/11.
7. Office visits 09/15/11 & 10/20/11.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The claimant is a female who suffered a straining injury to the lumbar spine lifting heavy objects on xx/xx/xx. She has had extensive treatment for low back pain and lower extremity pain, including medications, physical therapy, epidural steroid injections, and currently is taking OxyContin for her pain. An MRI scan obtained in September 2010 reportedly revealed degenerative disc disease at level L5-S1. No significant neurological change has been documented in the medical records; however, in a letter to

Insurance Company, the claimant herself indicates that she is suffering a foot drop. This is not documented in the medical records, including clinical notes through 11/14/11. Requests for an MRI scan without contrast was considered and denied; it was reconsidered and denied.

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

The medical information obtained from the actual clinical notes is insufficient to justify a repeat MRI scan. The claimant reports that she is suffering a foot drop; however, no such finding is documented in the medical record. There are extensive comments concerning non-operative treatment; however, no operative reports are submitted with the medical record and the formal reports of previous MRI scans are not present in the medical record submitted with this request to reconsider pre-authorization of an MRI scan of the lumbosacral spine without contrast. The previous denial of the request to pre-authorize an MRI scan of the lumbosacral spine without contrast was appropriate and should be upheld.

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

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPH-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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)