

SENT VIA EMAIL OR FAX ON
Jan/25/2012

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/24/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar MRI

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

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

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx/xx/xx. Records indicate he was working on which xxxxxx. He lost consciousness for a period of time. He had commuted injury to the right elbow consisting of a proximal olecranon fracture and total dislocation of the radial ulnar joint at the elbow anteriorly. He had a contusion to his cervical, lumbar and thoracic spine. Electrodiagnostic testing performed 11/17/11 was a normal study with no electrodiagnostic evidence of right or left lower extremity radiculopathy or plexopathy. Claimant was seen on 10/20/11 by Dr.. The claimant was noted to complain of neck pain, mid back pain, low back pain and right shoulder pain. He has undergone MRI of the right shoulder. He also had MRI of the cervical spine which revealed mild changes of cervical spondylosis at C3-4, C5-6 and C6-7 with no moderate or severe spinal stenosis present. There was significant degenerative disc disease at C4-5 with bulging of the disc which in association with mild ligamentum flavum hypertrophy produces mild central spinal canal stenosis. Medications were listed as Percocet 5/325 one to two every four hours PRN pain. He is also on Zolpidem 10mg and Celebrex. Physical examination revealed mild frozen shoulder on the right with extension in abduction of about 140 degrees. Claimant was noted to have weakness of the right foot. Extensor and flexor hallucis are about 3/5 but not sure if it is diminished effort or true weakness. He has positive Spurling test. There is a hypoesthesia on the right leg and also

ulnar hypoesthesia on the right arm. He has Tinel's at the elbow with definite weakness in the ulnar distribution 3/5. He also seems to have some weakness and numbness of the right deltoid 3/5. Claimant was recommended to undergo MRI of the lumbar spine.

An initial pre-auth review was performed on xxxxx and recommended non-certification for request for lumbar MRI. The reviewer noted that Official Disability Guidelines recommends conservative care including exercise physical therapy local thermal applications and anti-inflammatories for initial treatment of episodes of symptomatic exacerbation related to underlying low back impairments. In this case there was no data as to a full prior trial of conservative care including physical therapy for the low back. It was further noted that Official Disability Guidelines recommends use of electrical study to evaluate subtle neurologic findings and determine presence of acute progressive radiculopathy. It was noted that no such EMG had been completed at this time. Official Disability Guidelines notes that imaging alone can lead to diagnostic confusion if used to evaluate symptoms of low back pain due to high level of false positive tests. Noting there was no documentation of prior conservative care or progression of lower extremity neurological findings. Medical necessity is not established.

An appeal pre-auth request was performed on 12/02/11 it was noted the claimant was seen on 10/20/11 with complaints of back pain. On exam he had 3/5 in extensor and flexor hallucis longus, but it was stated he was not sure if diminished effort or true weakness. On 11/17/11 the claimant had mostly low back pain and lower extremity weakness left greater than right. On exam there was no atrophy, normal strength without focal weakness, normal deep tendon reflexes and decreased sensation along the top of the right foot. It was noted the patient had normal EMG. The case was discussed with Dr. It was noted that in order for a patient to be a candidate for a study there must be a thorough detailed history which can be correlated with a thorough exam such that the history and the exam could be corroborated by the films. That is not the case here. There is documentation of back pain but no detail regarding the exact location, the duration, the frequency etc. There is no detail regarding complaints of leg pain suggestive of a radiculopathy. Based on the record the claimant does not have a history consistent with a radiculopathy. There is no history consistent with myelopathy. It was noted in one history the claimant complained of weakness but there is no detail regarding the duration of weakness whether in the proximal leg or distal leg, frequency of weakness when did it occur did he have any arm/hand weakness did he have weakness in the muscles of the cranial nerves etc. The requesting physician states he's not sure if the weakness is true weakness or diminished effort. On a subsequent exam the claimant did not have atrophy and did not have any weakness in his legs. It was noted that in assessing potential complaints of weakness there must be a thorough and complete neurological exam. For the above reasons the MRI is not indicated.

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 lumbar MRI. The claimant is noted to have sustained multiple injuries on 06/29/11. The claimant underwent diagnostic studies of the cervical spine and right shoulder. He also underwent electrodiagnostic testing on 11/17/11 which revealed no evidence of lower extremity radiculopathy or plexopathy. Examination prior to electrodiagnostic testing noted 5/5 motor strength in the bilateral lower extremities without focal weakness. Noting that there is no objective evidence of neurologic deficit in either lower extremity, and noting that there is no documentation that the claimant had a course of appropriate conservative care, the request for lumbar MRI is not supported as medically necessary. Accordingly the previous denial should be upheld on IRO.

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

- ACOEM-AMERICA 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)