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Notice of Independent Review Decision

DATE OF REVIEW: 1/8/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of magnetic resonance imaging (EG, Proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences, lumbar.

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 Orthopedic Surgery. The 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 magnetic resonance imaging (EG, Proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences, lumbar.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: and Dr..

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: 12/22/11 letter by, 11/28/11 denial letter, 12/13/11 denial letter, 12/19/11 denial letter, 11/28/11 report by DO, 12/15/11 report by MD, undated lumbar MRI precert request, 9/22/11 lumbar MRI script by Dr., 11/21/11 preauth request, daily notes by Dr. from 4/21/11 to 9/22/11, 9/26/11 note by LVN, 3/31/11 outpatient evaluation from Medical Center of Dept (MC SE

TX PT), 3/24/11 PT script 3x2 by MD (script author is difficult to read), 4/7 through 4/28 flowsheet from MC SE TX PT, 4/11/11 lumbar MRI report, and 10/10/11 report by MD.

Dr.: 3/28/11 to 9/28/11 DWC 73 forms, 5/26/11 neurodiagnostic report by B., MD, and 7/18/11 operative report.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The has a history of chronic low back pain. Records from a Dr. were reviewed. A lumbar MRI study dated 04/11/11 denoted prior L4-L5 and L5-S1 laminectomies. An electrical study revealed L5 and S1 nerve root irritation, as of 5/26/11. The operative study dated 7/18/11 indicated a redo of nerve root decompression and laminectomies at L4-5 and L5-S1. On 09/22/11, the patient had undergone post-operative physical therapy and had returned to work. There was a recurrence of pain that developed in the right leg (in the prior two weeks) with paresthesias down the leg to the sole of the foot. The patient walked with an antalgic gait. Straight Leg Raise was negative bilaterally. Sensation, motor power and reflexes were normal in the lower extremities. A Medrol does pack was prescribed, however, had not been obtained as of the report dated 9/26/11.

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

Progressive or even any abnormal objective evidence of neurological worsening/red flag findings have not been documented. In addition, there has been no evidence of a documented trial and failure of reasonable and comprehensive treatment prior to consideration of a post-operative MRI. Therefore, this request is not medically reasonable or necessary at this time.

Per the ODG MRI's are recommended for indications below. MRI's are test of choice for patients with prior back surgery. 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, or recurrent disc herniation).

Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit.
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful

- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient

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)