

MAXIMUS Federal Services, Inc.
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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: January 25, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar MRI without contrast (CPT code 72148).

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

M.D., Board Certified in Orthopedic Surgery.

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 requested Lumbar MRI without contrast (CPT code 72148) is medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 1/3/12.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 1/5/12.
3. Notice of Assignment of Independent Review Organization dated 1/5/12.
4. Progress notes from the Institute dated 12/28/11, 10/26/11, and 9/28/11.
5. MRI of the lumbar spine dated 9/28/11.
6. MRI of the lumbar spine dated 5/25/11.
7. X-ray of the sacrum/coccyx dated 5/23/11.
8. X-ray of the left hip dated 5/23/11.
9. X-ray of the lumbar spine dated 5/23/11.
10. Letters from MD dated 8/24/11 and 5/27/11.
11. Clinical Pathology Laboratories, Inc. results dated 5/27/11.
12. Clinic notes from PLLC, dated 8/22/11.
13. Denial documentation dated 12/1/11 and 11/8/11.
14. Physical therapy orders dated 9/28/11.
15. Physical therapy evaluation dated 10/18/11
16. Physical therapy re-evaluation dated 12/06/11.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male with a date of injury of. The current diagnoses are mild L4-5 disc bulge, bilateral lower extremity numbness and radiculopathy, loss of bowel and bladder control. The patient had an x-ray of the lumbar spine on 5/23/11 which showed mild changes of degenerative disc disease seen throughout the lumbar spine. The findings were most pronounced at the L1-L2 and L5-S1 levels and mid facet arthrosis was noted as well. A transitional vertebral body was noted at the lumbosacral junction. No acute fracture, dislocation or subluxation was observed. Osteoarthritis was noted in the facet joints and both sacroiliac joints. The patient had an x-ray of the left hip which showed no acute findings and an x-ray of the sacrum/coccyx that showed mild osteoarthritis. The MRI of the spine on 5/25/11 showed degenerative disc disease at L1-2 and L4-5. There was an annular bulge at L4-5. There was facet osteoarthritis bilaterally at L3-4 and L4-5, and on the left at L5-S1.

The submitted records include a letter from the provider that placed the patient on light duty for a month with no lifting of more than five pounds, no frequent bending, twisting. The provider also indicated that the patient should avoid any activity that made the pain worse and was given medications to alleviate the pain and decrease the inflammation. It was indicated that once the pain was manageable the patient might benefit from physical therapy.

The patient was seen on 8/22/11 and reported that he had pain radiating down his lower extremities. The records indicated that x-rays showed mild degenerative changes throughout the lumbar spine. It was profound at L1-2 and L5-S1. MRI findings were noted. The patient reported

he was doing better. He reported the pain completely went away after three weeks then the pain had intensified and went down to both heels. He reported numbness of his feet, which was new. He also reported short episodes of external genital area going numb but then the feeling returns. The patient also reported he had 10 bowel movements a day for a month. The physical exam showed normal reflexes and sensation to light touch. The genital area was normal, cremasteric reflex was present on left and sluggish on the right. The sensation was present. The sphincter tone of rectal area was a little decreased. The diagnoses were thoracic or lumbosacral neuritis or radiculitis. It was recommended that the patient consult a neurosurgeon.

The patient was seen by his provider on 9/28/11 and reported that one week after his injury he experienced scrotal numbness as well as numbness in his buttocks and thighs. The patient reported he started having diarrhea and loss of control of his bowels as well as urinary urgency and loss of bladder control. The physical examination showed reflexes slightly depressed in the lower extremities, specifically in the patellar tendon and Achilles jerk. The patient was mildly tender over the left sacroiliac joint and nontender over the right sacroiliac joint, ischial tuberosities or greater trochanteric bursae. There was a negative straight leg raise. There was full range of motion of the lumbar spine, more pain with flexion. He was able to heel and toe walk without difficulty. The records indicated that an MRI was performed and showed degenerative disc disease at L1-2 and L4-5 and an annular bulge at L4-5 and facet osteoarthritis bilaterally at L3-4 and L4-5. The diagnoses were mild L4-5 disc bulge, bilateral lower extremity numbness, radiculopathy and loss of bowel and bladder control. X-rays showed an anterolisthesis of L4 on L5 on the flexion view only and a narrowing of L4-5 disc space. The provider recommended the patient discontinue use of Flomax to see if that helped improve the urinary symptoms and the provider discussed a selective nerve root block. The patient also underwent a physical therapy evaluation on 10/18/11.

The patient saw the provider on 10/26/11 and he reported that he continued to have bowel and bladder dysfunction. The patient had been seen by a urologist who reported no evidence from urology standpoint of bladder incontinence. It was recommended since the patient was having worsening bowel and bladder incontinence that a repeat MRI be obtained. The patient was then seen on 12/28/11 and reported worsening low back pain with numbness in the scrotum and lower extremities after sitting for 15 to 20 minutes. The patient also reported that his left leg was giving out and still had worsening urinary frequency as well as loose stools and mild bowel incontinence. The provider again recommended the patient have a repeat MRI.

At issue is whether a Lumbar MRI without contrast (CPT code 72148) is medically necessary for treatment of the patient's medical condition.

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

Applying the Official Disability Guidelines (ODG), repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology, such as tumor, infection, fracture, neurocompression or recurrent disc herniation. Although this patient's previous MRI did not show any significant neural

impingement, he is having progressive loss of bowel and bladder function. The patient has seen a urologist and there is no evidence from a urology standpoint of bladder incontinence. Therefore, in light of the patient's scrotal numbness, saddle paresthesia and bladder difficulty, the requested repeat MRI is medically necessary to evaluate him for any evidence of a neurologic problem accounting for signs and symptoms of upper motor neuron dysfunction. For these reasons, I have determined the requested Lumbar MRI without contrast (CPT code 72148) is medically necessary for treatment of the patient's medical condition.

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)

