Core 400 LLC

An Independent Review Organization
7000 N Mopac Expressway, Suite 200
Austin, TX 78731
Phone: (512) 772-2865
Fax: (530) 687-8368
Email: manager@core400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/14/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
MRI thoracic spine without contrast

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Neurological Surgeon

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines and Treatment Guidelines
Request for IRO dated 02/22/12
Utilization review determination 01/17/12
Utilization review determination dated 02/01/12
Clinical records 11/14/11, 01/23/12
Radiographic report CT scan lumbar spine dated 06/17/11
EMG/NCV study dated 08/24/10
MRI lumbar spine dated 08/13/10
Functional capacity evaluation dated 01/13/11
Peer review 12/23/10

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who sustained work related injuries to his low back as result of pulling wire on 06/05/2008. He was initially diagnosed with lumbar sprain. He was placed at MMI on 11/19/09 with 10% impairment rating. He underwent lumbar fusion on 02/01/10. The record contains MRI of lumbar spine dated 08/13/10. This study notes 5 mm right paracentral protrusion at L2-3 level, 3 mm retrolisthesis of L4 on L5 with superimposed 2 mm broad based posterior protrusion with mild central canal stenosis seen at this level. He is status post laminectomy posterior fusion with metallic instrumentation and anterior interbody fusion at L5-S1 level with 2 mm broad based spondylitic posterior protrusion eccentric to left. The record includes a peer review from dated 12/23/10. essentially recommends supportive care of sequelae of claimant's surgery. The record contains a functional capacity evaluation dated 01/13/11. It is reported that the claimant was capable of lifting and carrying at a light physical demand level. Records indicate that the claimant was referred for a CT of the lumbar spine on 06/17/11. He is noted to be status post interbody fusion graft placement at L5-S1. There is interbody fusion mass and posterior instrumentation good position. The interbody fusion mass does not appear to be incorporated into the endplates. There is sclerosis of the endplates adjacent to a body suggesting the possibility of non-union and pseudoarthrosis posterolateral bony fusion masses are attenuated however there is bony bridge there is

suspected bony bridging across the facet joints bilaterally. There is a 3-4mm posterior broad based disc protrusion flattening the thecal sac there is faux pseudoarthrosis and prominence of ligamentum flavum and a posterior thecal sac there is likely canal narrowing there's bilateral frontal disc bulging with spondylosis resulting in mild foraminal narrowing. On 11/14/11 the claimant was seen by. The claimant is noted to have a failed back syndrome bilateral radicular symptoms. He is recommended to undergo L5-S1 S1 S2 transforaminal epidural steroid injections. He may be a good candidate for spinal cord stimulator versus peripheral stimulator.
He is noted to weigh 267 pounds. He has a surgical scar. Strength is greater than anti gravity in the bilateral lower extremities. Epidural steroid injections are recommended. Psychiatric evaluation for spinal cord stimulator is recommended. He is provided prescription of compounded medication. The claimant was seen on 01/23/12. He is noted to have bilateral axial back pain, and failed back surgery syndrome. He continues to have low back pain as well as pain in the thoracic region. He underwent bilateral L5-S1 and S1-2 transforaminal epidural steroid injections on 12/29/11 with no relief. He has continued axial low back pain. MRI of the thoracic and lumbar spine was recommended.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
This man has a history of failed back surgery syndrome as a result of ALIF performed at L5-S1. The records do not indicate that the claimant had any significant issues with his thoracic spine. Physical examinations provide no detailed examination of the thoracic spine suggestive of any pathology. The records do not indicate that the claimant has been referred for plain radiographs of the thoracic spine. There is no indication of any conservative treatment. The requested MRI thoracic spine without contrast does not meet the Official Disability Guidelines for medical necessity. The reviewer finds there is not a medical necessity for MRI thoracic spine without contrast.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)