



3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph 972-825-7231 Fax 972-274-9022

Notice of Independent Review Decision

REVIEW: 3-13-2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a MRI of the lumbar spine without contrast.

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 Physical Medicine and Rehabilitation.

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 MRI of the lumbar spine without contrast.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Medcall, MD, and Center Spine, Sports and Rehabilitative.

These records consist of the following:

- Procedure Report from epidural steroid injections dated August 23, 2008 and September 5, 2008
- Notes from M.D. dated January 12, 2010, February 16, 2010, March 26, 2010, May 11, 2010, July 29, 2010, August 31, 2010, January 6, 2011, and February 1, 2011
- MRI of the lumbar spine
- EMG and Nerve Conduction Study Report from M.D. dated August 24, 2010
- Peer Review from M.D. dated December 23, 2010
- FCE dated January 13, 2011
- Notes from M.D. dated April 5, 2011, May 16, 2011, September 12, 2011, and November 14, 2011
- CT of the lumbar spine dated June 17, 2011
- Operative Report from epidural steroid injection dated December 29, 2011
- Review letters from Request for MRI dated January 16, 2012 and February 1, 2012
- A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records, this worker was injured on xx/xx/xx. He was pulling on a wire when he twisted his back and his back "locked up." He subsequently developed thoracic and lumbar pain with radicular signs and symptoms. He had lumbar epidural steroid injections at the L4-5 level in August and September, 2008.

On June 12, 2010, M.D. evaluated the injured worker and recommended a laminectomy, foraminotomy, and fusion. The injured worker apparently underwent that surgery in January, 2010. Dr. continued to follow the injured worker. On July 29, 2010, Dr. noted that the injured worker was complaining of increased problems with weakness in the left lower extremity. Manual muscle testing of the patient revealed 5/5 strength with no sensory loss. X-rays were said to show "mature fusion." An MRI was recommended to assess for epidural scar formation and an EMG was also recommended. An MRI was performed demonstrating a 5 millimeter right paracentral protrusion at the L2-3 level, 3 millimeter retrolisthesis of L4 on L5 with a 2 millimeter disk protrusion, L5-S1 laminectomy and fusion, and left L5-S1 and bilateral L4, L5 foraminal stenosis. Facet arthrosis was also described. On August 24, 2010, M.D. performed electrodiagnostic studies which were said to be consistent with chronic denervation in the L5-S1 enervated muscles of both lower extremities, left greater than right. There was no evidence of acute nerve injury.

A Peer Review performed by M.D. on December 23, 2010 indicated that the worker had had a Designated Doctor Evaluation and he was placed at maximum medical improvement on August 21, 2010 with a 10% whole person impairment. Dr. recommended no further diagnostic testing, physical therapy, or chiropractic treatment.

A FCE performed on January 13, 2011 indicated that the injured worker was performing at a light PDL level.

On April 5, 2011, M.D. evaluated the injured worker and diagnosed a chronic pain syndrome, failed back surgery, and a peripheral neuropathy. Dr. recommended anti-inflammatory medications, pain relievers, and consideration of bilateral sacroiliac joint injections.

On May 16, 2011, Dr. recommended bilateral L5-S1 and S1-S2 epidural steroid injections.

A CT scan of the lumbar spine performed on June 17, 2011 showed that the interbody fusion mass and posterior instrumentation were in good position. Findings at that time suggested a non-union of the interbody fusion at the L5-S1 level, but further stated that the facet fusion was solid bilaterally. Epidural fibrosis was noted at the L5-S1 level and a 6 to 7 millimeter disk herniation was described at the L2-3 level.

On December 29, 2011, the injured worker underwent bilateral L5-S1 and S1-S2 transforaminal epidural steroid injections by Dr.. A follow-up evaluation by Dr. on January 23, 2012 indicated that the injured worker had received no relief from the epidural steroid injections. He stated that low back and thoracic pain ranged from 3 to 7 on a scale of 0 to 10. He described decreased lumbar flexion and extension and better than antigravity strength in both lower extremities. Dr. stated that the patient "continues having bilateral axial low back pain" and further stated that the injured worker was "not doing any better with continued thoracic and low back pain." Dr. suggested an MRI, but gave no explanation for why an MRI would be required. He stated that he planned to refer the injured worker back to Dr. to see whether there might be any surgical treatments available. He stated that he had no other suggestions.

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

Recommend denial of the requested service. This worker was injured approximately three and a half years ago while working. He injured his thoracic and lumbar spine. He has received extensive treatment including epidural steroid injections in 2008 and again in 2011, surgery for laminectomy, foraminotomy, and fusion, multiple physical therapy sessions, and multiple medications. He continues to have a chronic pain syndrome as documented in the medical record.

There is no indication in the medical record that this injured worker's physical findings or symptoms are changing. Dr. last note dated January 23, 2012 suggested that the injured worker continued to have bilateral axial low back pain and further stated that the injured worker was not doing any better with continued thoracic and low back pain. The injured worker has had a postoperative MRI as well as a CT scan of the lumbar spine in June, 2011. These studies indicated clear pictures of the anatomy and pathology in the spinal area and according to the records, the injured worker's symptoms have not been changing and his physical findings have also not been changing.

The ODG Treatment Guidelines state that repeat imaging should be based on "new symptoms or changes in current symptoms." Routine imaging is not noted to be beneficial in patients with lower back pain. There should be indication of new or changing pathology or suggestions of "red flags" such as cancer or infection in order to qualify for repeat imaging studies. This injured worker has had a postoperative MRI as well as a postoperative CT scan and this medical record does not indicate that there have been changes in symptoms or physical findings which would require repeat MRI scanning of the lumbar spine.

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)