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Notice of Independent Review Decision

DATE OF REVIEW: 5/16/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of MRI Lumbar 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 prospective medical necessity of MRI Lumbar without contrast.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):

Records reviewed from:

- Adverse Determination Letters- 3/22/12, 4/23/12
- Rx for MRI- undated
- Dispute Letters- 3/9/12
- Office Notes- 2/20/12, 2/15/12, 4/11/12
- Pre-Authorization Request- 4/20/12
- Letter- 3/8/12
- Office Notes- 3/1/12

Records reviewed from
MR Cervical Spine W/O Contrast- 10/11/11
MR Thoracic Spine W/O IV Contrast- 10/11/11
IMO Letter- 10/27/11

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

PATIENT CLINICAL HISTORY [SUMMARY]:

Worker xxxxx was involved in a work-related injury xx/xx/xx as she helped to carry a stand which fell when it could not hold the load. According to records reviewer reports, the worker received primary treatment including nine sessions of physical therapy and was subsequently released to work. Cervical and thoracic MRI studies were done October 11, 2011. Records reviewers indicate that on December 7, 2011 a Designated Doctor determined the worker to be at MMI. evaluated the worker on 1/8/12 and recommended facet blocks for mid back pain.

At the request of, the worker was seen on February 15, 2012 by who diagnosed cervical, thoracic and lumbar sprain/strain and expressed concern that there may be facet issues related to spasm and vertebral tracking. performed manipulation to the lower cervical spine, right costovertebral joints and lumbar spine. saw the worker for follow-up February 20, 2012, noting that neck and lower back did well with the manipulation, but there was increased pain and some burning at the thoracolumbar junction. In consideration of this he suggested holding off any further manipulation. The worker had requested a change of treating doctor and accepted.

The worker was seen for orthopedic outpatient follow-up by March 1, 2012. noted that the worker continued to have symptoms particularly in the left thoracic area. Examination revealed palpatory tenderness in that region. Neurological was reported to be normal. diagnosed possible thoracic facet joint pain and again recommended medial branch block. The worker had already been compliant with a home exercise program and had already tried physical therapy, time and medications.

On March 9, 2012 submitted a letter requesting dispute resolution, stating that clinical findings and imaging studies "support injuries beyond the sprain/strain of these areas". requested an MRI of the lumbar spine and intended to refer the worker to for consideration of EMG and nerve conduction studies as well as trigger point injections. A precertification request for lumbar MRI was submitted March 19, 2012. On March 22, 2012 the requested lumbar MRI was non-authorized.

saw the worker for follow-up April 11, 2012, documenting 2+ lower extremity reflexes and 5+ strength of ankle dorsiflexors and EHL's with decreased perception of vibration in upper and lower extremities. appealed the non-authorization for lumbar MRI.

On April 23, 2012 the adverse determination was upheld on reconsideration. A request was submitted for IRO.

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

Recommended denial of requested services. Physical examination findings do not support a diagnosis of lumbar radiculopathy or neurological deficit and do not fall within the criteria for MRI as specified in the Official Disability Guidelines integrated treatment/ disability duration guidelines for low back - lumbar & thoracic (acute & chronic) (updated 02/20/12). According to the Official Disability Guidelines magnetic resonance imaging is recommended for the indications below:

- 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

The Official Disability Guidelines specifically state that MRI, although excellent at defining tumor, infection, and nerve compression, can be too sensitive with regard to degenerative disease findings and commonly displays pathology that is not responsible for the patient's symptoms. Diagnostic imaging of the spine is associated with a high rate of abnormal findings in asymptomatic individuals. Herniated disk is found on magnetic resonance imaging in 9% to 76% of asymptomatic patients; bulging disks, in 20% to 81%; and degenerative disks, in 46% to 93%. (Kinkade, 2007).... Many MRI findings (loss of disc signal, facet arthrosis, and end plate signal changes) may represent progressive age changes not associated with acute events. (Carragee, 2006)

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)