

MATUTECH, INC.

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Notice of Independent Review Decision

Date: October 31, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI lumbar spine without contrast

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

Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Office visits (09/10/12 – 09/24/12)
- Utilization reviews (08/16/12 – 09/27/12)

- Office visits (06/20/12 – 09/24/12)

TDI

- Utilization reviews (09/27/12 – 10/08/12)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who felt low back pain and a pop when she lifted a 40-lb. box.

On June 20, 2012, evaluated the patient. The patient had previously been seen who recommended physical therapy (PT). She then felt that she had gotten worse and felt like from mid back to the top of back it got really hot. She then underwent x-rays that showed that her back was inflamed. She was utilizing tramadol, a muscle relaxer and over-the-counter ibuprofen. She stated that the tramadol did not help with her pain. She had undergone seven sessions of PT. Examination showed palpable muscle spasms to the left side of back. diagnosed back strain, prescribed prednisone, Skelaxin and tramadol and referred the patient to PT.

On follow-up, the patient reported that she was not in any pain and the steroids had really helped her. recommended continuing medications along with a new prescription for Ultram and also PT.

On July 6, 2012, the patient stated that she felt better with standing. Her back got tight and hot. Skelaxin had not been helping. recommended discontinuing Skelaxin, and prescribed ibuprofen and Robaxin instead.

On July 20, 2012, the patient reported that her lower back felt tight. She had back spasms and burning. She had started PT. Use of ibuprofen and Robaxin helped with her lumbar spine pain. Examination of the lumbar spine showed palpable tightness and pain with rotational manipulation. recommended continuing ibuprofen and Skelaxin and PT.

On August 8, 2012, the patient reported PT had helped her upper back. Regarding her lower back, she reported that something was wrong. prescribed Ultram and recommended a functional capacity evaluation (FCE) and magnetic resonance imaging (MRI) of the lumbar spine. The previous request for MRI of the lumbar spine had been denied per the peer review.

Per the utilization review dated August 16, 2012, the request for MRI of the lumbar spine was denied based on the following rationale: *"In the phone consultation, Pete, PA-C confirmed the above clinical summary findings which support the ICD submitted. Pete, PA-C confirmed that the patient's exams/evaluations/follow-up visits have not found any neurological deficits or objective signs of radiculopathy. Pete stated that no x-rays have been done on the patient as of this time."*

On September 10, 2012, the patient reported that she felt tight and always had pain in the left side of the lumbar spine. She was out of medications. Ultram and ibuprofen together had helped her pain. She complained of swelling in her left leg with standing. She had been scheduled for maximum medical improvement (MMI). She complained of deep pain in the lumbar spine. recommended continuing Robaxin and Ultram.

On September 24, 2012, noted the patient had undergone an MMI evaluation on September 18, 2012. The patient reported constant pain and the pain never went away. She stated her medications were denied. The patient was diagnosed with

possible chronic pain syndrome per the MMI report. recommended continuing Ultram and Robaxin and obtaining MRI of the lumbar spine for chronic pain.

Per the utilization review dated September 27, 2012, the request for MRI of the lumbar spine was denied based on the following rationale: *“On September 27, 2012, at 3:30 PM CST I placed a call to. and I were able to discuss the claimant's case again. Pete reported that the lumbar MRI had been requested because of a recommendation for a lumbar MRI by a designated doctor evaluation. My recommendation concerning the claimant's case does not change.”*

Per the reconsideration review dated October 8, 2012, the reconsideration appeal for MRI of the lumbar spine was denied based on the following rationale: *“The claimant continues to have back pain despite physical therapy, home exercise program, muscle relaxers, NSAIDs, and narcotics. She reports her pain always as 10/10 with activity. Physical examination documentation indicates her exam was unremarkable except there was pain with moderate palpation of the lumbar spine. Her medical provider feels that her symptoms are beyond any physical findings. The claimant has no "red flag" findings or evidence of any neurological dysfunction or radiculopathy. During the peer to peer discussion, the designee said there was no change in her exam and there were no findings consistent with radiculopathy or other flags for an MRI. The lumbar MRI is not clinically supported.”*

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

Based on the information provided, there is no evidence of neurologic involvement, prior back surgeries or change in exam. Based on ODG, which states: “Recommended for indications below. MRI’s are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. 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, recurrent disc herniation).” Therefore, the decision should be upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES