

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Nov/05/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Spine MRI

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

Orthopedic spine surgeon, practicing neurosurgeon

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Cover sheet and working documents

EMS charts 04/06/11

Hospital admission/treatment forms dated 04/07/11 and discharge 04/08/11

Inpatient PT evaluation dated 04/07/11

CT lumbar spine 04/07/11

Health information management history and physical dated 04/07/11

CT lumbar spine without contrast 04/07/11

Office visit notes dated 04/13/11-08/24/12

Physical therapy initial evaluation dated 04/20/11 and daily notes 04/27/11-05/16/11

Orthotic prescription 04/27/11

Request for designated doctor's evaluations dated 07/26/11

Designated doctor's analysis dated 07/29/11

Medical peer review dated 01/27/12

Test form 08/27/12

Utilization review determination dated 09/14/12

Utilization review determination dated 09/25/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury is xx/xx/xx. Records indicate that the claimant was injured while lifting/carrying objects on uneven ground and developed acute onset of low back pain. He presented to the emergency department and was admitted with acute low

back pain. CT scans performed at that time revealed abnormal L4-5 disc and endplates; favoring degenerative change over infection. There was lateral recess narrowing at L4-5 and L5-S1.

The claimant was seen in consultation on 04/13/11 in which he complained of back pain. It is noted that the claimant was currently taking Flexeril, Meloxicam, and Hydrocodone. He has also had 2 sessions of physical therapy. Physical examination revealed the claimant to be 6' 1" tall and 184 lbs. He walked with a slow-paced gait. Lumbar spine examination revealed limited range of motion in both flexion and extension due to pain. There was tenderness to palpation along the paraspinal muscles. Straight leg raising was negative. Motor strength was graded 5 in the lower extremities. Sensation was intact throughout. Knee and ankle jerks were grade I and symmetric. There was negative clonus and downgoing Babinski's. The claimant was able to walk on heels and tip toes with pain in the low back in buttocks. The claimant was referred for physical therapy.

The claimant was seen in follow-up on 08/24/12 after not having been seen for about a year. He reports he is still having problems with his low back. No detailed physical examination was reported at this time.

A request for lumbar spine MRI without contrast was non-certified per review dated 09/14/12 noting that the claimant has had ongoing pain but no documentation on physical examination of any neurological deficits or radiculopathy. There was no documentation of any current conservative therapy. It was noted that guidelines indicate MRI would be supported for any type of neurologic deficit or radiculopathy after 1 month of conservative therapy. There was no myelopathy noted in the record provided and the requested lumbar MRI is not certified.

A reconsideration/appeal request for lumbar spine MRI was non-certified per review dated 09/25/12 noting that there was no documentation on physical examination for neurologic deficits or radiculopathy and no evidence of conservative therapy. There also was no evidence of myelopathy.

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

Based on the clinical information provided, the request for lumbar spine MRI is not supported as medically necessary. The claimant is noted to have sustained an injury to the low back on 04/05/11. The records indicate that he was initially treated conservatively with medications and physical therapy. An office note dated 08/24/12 indicated that the claimant had not been seen for approximately 1 year and was still having problems with low back. There was no physical examination provided at that time documenting neurologic deficits such as motor, sensory, or reflex changes. There was no documentation that the claimant has had any recent conservative care. Given the lack of findings indicative of radiculopathy or myelopathy, and the lack of recent conservative care, medical necessity is not established for MRI of the lumbar spine.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES