

# Applied Assessments LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Nov/19/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

MRI of the Lumbar Spine without contrast

**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  
Operative report dated 02/25/04  
Interim history and physicals and discharge summaries dated 02/25/04 and 03/25/04  
Operative report dated 03/25/04  
Preoperative consultation dated 07/07/04  
Operative report 07/15/04  
Office visit notes 04/26/05-10/17/12  
Script for orders  
Work comp profile  
Utilization review determination dated 10/23/12  
Utilization review determination dated 10/31/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female whose date of injury is xx/xx/xx. The records indicate she was lifting boxes and experienced low back pain radiating into the left lower extremity. After failing conservative care including epidural steroid injections without significant improvement, the patient underwent 360 fusion at L4-5 performed on 07/15/04. The patient was seen on 07/11/06, approximately 2 years out from anterior/posterior L4-5 fusion. The claimant reported that a few weeks ago she slipped on a slippery, wet floor and landed on her buttocks in a sitting position. She did not have any increase in low back or leg symptoms at that time or now. Her main concern appears to be the fact that her right leg feels colder than her left

leg all the time and is slightly of lighter color. Examination at that time revealed that reflexes were symmetric in both the knees and ankles. Sensation was decreased over the right foot to light touch. Motor testing revealed good strength in all muscle groups of the lower extremities. Vascular exam showed good pedal pulses bilaterally. The right foot felt somewhat colder to touch and did have a lighter skin tone than the left foot. There were no hair growth pattern changes in the right leg. The claimant subsequently was seen on 10/17/12 with complaints of left-sided low back pain with paresthesia of the right foot. It was noted that the claimant had undergone facet rhizotomy and some other injections over the last couple of years. On examination, the claimant was reported to be 5'3" tall and 114 lbs. She has a well-healed midline lumbar incision. She is tender over the right L5-S1 area and the superior sciatic notch is slightly limited on flexion and extension. She could heel and toe rise normally. Reflexes at the knees and ankles were 2+ and symmetric. EHL and TA reveal only equivocal weakness of the tibialis anterior on the right. Sensation to light touch was within normal limits. Faber four sign was negative. X-rays were noted to show that her fusion was well-healed and remodeled at the L4-5 level. The claimant was recommended to undergo lumbar MRI scans.

A request for MRI of the lumbar spine without contrast was reviewed on 10/23/12 and the request was non-certified noting that objective evidence of significant change was not established. An x-ray performed 10/17/12 revealed well-healed fusion with remodeling at the L4-5 level. Based on the clinical information provided, the medical necessity of the requested MRI has not been established.

A reconsideration request for MRI of the lumbar spine without contrast was reviewed on 10/31/12 and the request was not certified. It was noted that no additional medical records were available for review from previous denial, and it was determined that the previous reviewer's non-certification was supported. There was no documentation of any objective evidence of radiculopathy on physical examination and therefore, repeat MRI would not be supported.

**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 MRI of the lumbar spine without contrast between 10/25/12 and 12/29/12 is not supported as medically necessary. The claimant is noted to have sustained an injury to the low back in 2003, and underwent 360 fusion at L4-5 in 2004. She currently complains of left-sided low back pain with paresthesia to the right foot; however, the most recent physical examination revealed no significant changes in symptomatology and no progressive neurologic deficit. The claimant had normal sensory findings with equal and symmetric reflexes at the bilateral knees and ankles. Motor testing revealed only equivocal weakness of the tibialis anterior on the right. X-rays were noted to show well-healed fusion with remodeling at the L4-5 level. As such, the request for MRI of the lumbar spine without contrast does not meet ODG criteria, and previous denials are upheld.

**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**