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**Notice of Independent Review Decision**

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**Notice of Independent Medical Review Decision**

**Reviewer's Report**

**DATE OF REVIEW:** September 28, 2012

**IRO CASE #:**

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

MRI of the lumbar spine to include CPT code 72148.

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

M.D., Board Certified in Radiology.

**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 requested MRI of the lumbar spine to include CPT code 72148 is not medically necessary for evaluation of the patient's medical condition.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for a Review by an Independent Review Organization dated 9/17/12.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 9/18/12.
3. Notice of Assignment of Independent Review Organization dated 9/18/12.
4. Letter from DO dated 8/28/12.
5. Employers First Report of Injury or Illness dated xx/xx/xx.
6. Medical records from xxxxx, DO dated 8/09/12 through 9/17/12.
7. Physical therapy initial evaluation dated 7/26/12.
8. Medical records dated 7/31/12 with unlisted provider.
9. Denial documentation.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who reportedly sustained a back injury on xx/xx/xx after a fall off a ladder. On xx/xx/xx, the patient presented with low back pain. The medical records note left greater than right back pain with radicular pain into the left lower extremity to the knee. The patient's prior medical history was significant for a fracture to her coccyx in 2009. X-rays were reportedly negative for fracture. On xx/xx/xx, range of motion of the trunk noted flexion to 62 degrees, extension to 15 degrees, side bending right to 18 degrees, side bending left to 15 degrees, right rotation to 10 degrees, and left rotation to 10 degrees. Examination of the lower extremities revealed 3/5 strength on the right and 2/5 strength on the left. The patient was noted to have a positive straight leg raise bilaterally. Physical examination noted palpable muscle spasms in the lumbar spine. Physical therapy was recommended. On 9/17/12, the medical records noted that the patient was feeling better, although she still had muscle spasms. Her neurological examination was within normal limits. Massage therapy was recommended.

The URA indicated that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. Specifically, the URA's initial denial stated that a lumbar MRI is not medically indicated when the patient does not have radiculopathy. Per the URA, the patient's physical examination did not support radiculopathy. On appeal, the URA indicated that there was no documentation related to the results of the x-rays. Per the URA, there was an inadequate examination, and an MRI is not indicated in this patient's case to evaluate for possible disc pathology.

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

In this patient's case, Official Disability Guidelines (ODG) do not support the requested MRI of the lumbar spine. Per ODG criteria, the indications for a lumbar MRI include uncomplicated low back pain, with radiculopathy, after at least one month of conservative therapy. As noted by ODG criteria, a lumbar MRI may be indicated sooner if there is severe or progressive

neurological deficit. In this case, the patient fell off a ladder and reports ongoing lumbar spine pain. The submitted documentation does not indicate any progressive neurological deficit. In addition, x-rays were reportedly performed. However, the x-ray imaging reports were not submitted for review. Per the submitted medical records, it is unclear whether the patient has had any signs of radiculopathy besides a straight leg test. The patient's most recent neurological examination was normal. Of note, details regarding prior physical therapy were not provided. All told, the requested MRI of the lumbar spine to include CPT code 72148 is not medically indicated for the evaluation of this patient.

Therefore, I have determined the requested MRI of the lumbar spine to include CPT code 72148 is not medically necessary for evaluation of the patient's medical condition.

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**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 JUDGMENT, 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)**