

MAXIMUS Federal Services, Inc.
4000 IH 35 South, (8th Floor) 850Q
Austin, TX 78704
Tel: 512-800-3515 ♦ Fax: 1-877-380-6702

Notice of Independent Medical Review Decision
Reviewer's Report

DATE OF REVIEW: September 12, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar MRI with and without contrast, to be completed by 9/14/12.

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 lumbar MRI with and without contrast, to be completed by 9/14/12, 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 8/20/12.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 8/23/12.
3. Notice of Assignment of Independent Review Organization dated 8/23/12.
4. Patient medical records from PA dated 6/18/12.
5. Patient medical records from Imaging 1/3/03.
6. Patient medical records from DO dated 12/12/03 through 12/21/04.
7. Patient medical records from MD dated 2/23/04 through 1/17/05.
8. Patient medical records from Institute dated 6/20/12 through 7/10/12.
9. Patient medical records from MD dated 8/31/12.
10. Patient medical records from PhD dated 8/1/12.
11. Patient medical records from MD dated 2/20/12.

12. Patient medical records from MD dated 6/4/12.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported a work related injury on. MRI of the lumbar spine dated 2/3/03 revealed findings of a large extruded disc fragment on the left at L5-S1 compressing the thecal sac and impinging the left S1 nerve root. An electrodiagnostic study dated 12/12/03 revealed findings consistent with radiculopathy involving the L5 and S1 nerve roots. The clinical note dated 2/23/04 reported the patient was having back and left leg pain with diminished sensation of the lateral aspect of the left foot. The note reported the patient had been treated with epidural steroid injections, therapy and back exercises, as well as medication management. The patient was recommended for left L5, S1 laminectomy and discectomy. Followup on 7/15/04 reported the patient was status post decompression at L5-S1 on 3/16/04. The provider note reported the patient's foot drop had improved, but he continued to have weakness in his toe extensor in the left foot, as well as some mild diminished sensation to the lateral aspect of the left foot. X-ray of the lumbar spine on 12/21/04 revealed mild to moderate bony degenerative changes at L5-S1. The patient was seen on 2/20/12 with complaints of low back pain rated at a pain level of 4 out of 10 with radiation to the bilateral lower extremities. Physical examination revealed mild tenderness of the paraspinal muscles, low back pain with range of motion, left SI joint tenderness, 5 out of 5 motor strength, intact sensation and antalgic gait. The patient was recommended for a neurosurgical consultation. The patient was seen on 6/4/12 with complaints of pain again rated at 4 out of 10. The patient continued to have tenderness of the low back and left SI joint. The patient was again recommended for neurosurgical consultation. A prior utilization review dated 6/17/12 reported that a request for MRI of the lumbar spine was non-certified due to no documentation of significant change in the patient's symptoms to suggest significant pathology. A clinical note dated 6/18/12 reported the patient was having increasing low back and bilateral lower extremity symptoms with radiculopathy in an L5 distribution. Physical examination revealed left DF and EHL weakness with diminished sensation along the L5 foot, calf, with mildly antalgic gait. A psychological evaluation dated 8/1/12 reported that the patient's progress was guarded as he was experiencing significant deterioration in functioning. Prior utilization review dated 8/10/12 reported the request for lumbar MRI with and without contrast was non-certified due to a lack of evidence of progressive neurological deficits on examination. The clinical note dated 8/31/12 reported the patient complained of pain radiating to the bilateral lower extremities with numbness and tingling in the left foot. Physical examination revealed no focal neurological deficits on examination. The patient was recommended for tramadol and amoxicillin. The patient has requested authorization for a MRI with and without contrast to be completed by 9/14/12. The Carrier has denied this request as not medically necessary, which is the subject of this review.

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

The request for lumbar MRI with and without contrast is not medically necessary for evaluation of the patient's medical condition. The request was denied by the Carrier due to the lack of documentation of significant change in pathology or progressive neurological deficits on examination. The patient underwent a prior MRI, which revealed pathology at left L5-S1, and he

subsequently underwent surgical intervention. There is a significant gap in documentation from July 2004 until February 2012. It is unclear if the patient received any treatment or diagnostic testing during this time frame. The recent documentation submitted for review fails to indicate the patient has had any significant change or progressive neurological deficits on examination. The continued left lower extremity symptoms appear to be residual from the surgical intervention. Therefore, I have determined the requested MRI with and without contrast, to be performed by 9/14/12, is not medically necessary for evaluation of the patient's medical condition.

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)