

IRO REVIEWER REPORT TEMPLATE -WC

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Notice of Independent Review Decision

[Date notice sent to all parties]:

11/27/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Lumbar Spine MRI with and without contrast 72158.

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

Board Certified Family Practice

REVIEW OUTCOME:

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

X Upheld (Agree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 10/18/2007, MRI of the Lumbar Spine
2. 04/20/2009, Operative Report
3. 11/23/2010, 02/22/2011, 08/22/2011, 02/21/2012, 08/21/2012, 02/21/2013, Clinical Notes
4. 09/09/2013, Previous Peer Review
5. 10/03/2013, Letter of Medical Necessity
6. 10/15/2013, Adverse Determination

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported a work related injury on xx/xx/xx as a result of a fall. The clinical notes document the patient underwent an MRI of the lumbar spine on 10/18/2007 signed which revealed (1) central canal stenosis and left neural foraminal

stenosis at L3-4; (2) central canal stenosis and bilateral neural foraminal stenosis at L4-5; (3) a large multiloculated thecal cyst at the level of L2-3 which was producing chronic erosion and enlargement of the sacral canal of the same level. Operative report dated 04/20/2009 documents the patient underwent total laminectomy at L4, subtotal laminectomy at L3 and L5, nerve root exploration and foraminotomies at L3-4 and L4-5, disc exploration at L3-4 and L4-5, bilateral lateral mass fusion with pedicle screws at L3 and L5, local bone debridement of soft tissue supplemented with DBX, Alphatec rods and crosslink, repair of incidental durotomy, and nerve root monitoring by a neurologist under the care of. The clinical notes reviewed document the patient had been treated conservatively postoperatively for her pain complaints with Robaxin as well as Norco as needed. Treating provider documented on clinical note dated 02/21/2012 that the patient reported some new symptomatology to the lateral aspect of the right lower extremity, whereas, previously, symptoms were strictly to the left lower extremity. The provider documented a review of the MRI performed 3 years to 4 years ago that revealed bilateral neural foraminal narrowing at L4-5, worse on the left but some on the right that may be where the patient's pain generator is. The clinical note dated 02/21/2013 reports the patient again was seen under the care. The provider documents the patient's symptoms continue but are manageable. Lower extremity strength is present to all bilateral lower extremities, lower reflexes are symmetric and present, and light touch was noted as normal. The clinical note dated 08/22/2013 reports the patient again was seen for followup under the care. The provider documents the patient was feeling much better; however, the patient had a major flare-up where she could not get out of bed. The provider documents the patient's pain feels like it did prior to surgical interventions. The provider does report the patient the patient is doing a little better now, 10 days later. Upon physical exam of the patient, the provider documented lumbar spine range of motion was painful and restricted, with flexion at 25% of normal, extension at 50% of normal, straight leg raises were normal on the right side with no issues, and straight leg raise was positive on the left side at 75 degrees. The provider did document, however, the patient presented with no motor, neurological, or sensory deficits upon physical exam. Prescription was rendered for an MRI of the lumbar spine to be performed.

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

The current request has received x2 previous adverse determinations, due to a lack of significant progression of any motor, neurological, or sensory deficits. Official Disability Guidelines supports MRI of the lumbar spine when there is evidence of severe or progressive neurologic deficit. Given that the most recent physical exam of the patient performed by provider did not evidence any progressive motor, neurological, or sensory deficits upon physical exam of the patient, the request for L Spine MRI w and WO contrast is not supported as medically necessary.

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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 Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection, other “red flags”
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit.
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient