



14785 Preston Road, Suite 550 | Dallas, Texas 75254  
Phone: 214 732 9359 | Fax: 972 980 7836

### Notice of Independent Review Decision

**DATE OF REVIEW: 11/05/2013**

**IRO CASE #**

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

Repeat MRI Lumbar Spine without Contrast.

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

M.D. Board Certified in Occupational Medicine and Urgent Care.

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Department of Insurance Notice of Case Assignment	10/16/2013
Utilization Review Determinations	9/13/2013-9/20/2013
Interventional Pain Management Pre- Authorization requests New patient Encounter	9/6/2013-9/13/2013 8/30/2013
Diagnostic MRI Report	10/11/2013
Medical Examination Report	9/12/2013

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a worker who has filed a claim for low back pain injury on xx/xx/xx. Thus far, he has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; lumbar spine series of February 2013, notable for low-grade disk degeneration of uncertain clinical significance; and unspecified amounts of physical therapy. In a utilization review report of September 12, 2013, the claims administrator denied a request for lumbar MRI. The most recent clinical progress note of August 30, 2013 is notable for comments that the claimant reports persistent 5/10 low back pain. He is reportedly able to perform all



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activities of daily living independently and remains employed. The claimant exhibits positive straight leg raise about the left. He exhibits normal gait. His lumbar range of motion and paraspinal muscle strength and tone are reportedly diminished secondary to pain, as suggested in one section of the report. In another section, it is suggested that his muscle tone is normal. He is given a diagnosis of strain of back and asked to pursue a lumbar MRI.

A later September 12, 2013 required medical evaluation is notable for comments that the claimant reports persistent low back pain radiating to the bilateral thighs. The claimant again exhibits normal muscle strength and reflexes.

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

Per ODG references the requested "Repeat MRI Lumbar Spine without contrast" is medically necessary. As noted in the ODG low back chapter, MRI imaging is indicated for uncomplicated low back pain with radiculopathy in individuals who have failed at least one month of conservative therapy. In this case, the claimant has, indeed, failed over one month of conservative therapy. He has tried and failed physical therapy, manipulation, medications, etc. His axial and radicular complaints persist. Obtaining MRI imaging to further evaluate the source of the claimant's radicular complaints is indicated and supported by ODG in this context. Therefore, the request is certified.

**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 KNOWLEDGE BASE
- 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 JUDGEMENT, 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