

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** OCTOBER 24, 2013

**IRO CASE #:**

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

Medical necessity of proposed MRI Lumbar Spine w/o contrast/ CPT 72148

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic Medicine and Orthopedic surgery and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.2, 722.2	72148		Prosp	1			Xx/xx/xx	xxxxx	Upheld

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

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

The injured employee is a male who reported a work-related injury which occurred on xx/xx/xx. The injured employee fell injuring his lower back. The injured employee eventually underwent lumbar spine fusion surgery from L3 through L5 and xxxxx.

He was evaluated on March 15, 1999. It was noted that the injured employee was status post anterior interbody fusion on June 25, 1998. A complaint of thoracic pain due to thoracic strain syndrome was documented. The injured employee was noted to have a component of postsurgical syndrome due to excessively tight scar tissue. Exercise and Potaba had been prescribed. The physical examination noted that the previous signs were stable at this time and the scar appeared to be flattening out somewhat. Potaba was restarted.

The injured employee was re-evaluated on June 20, 2001. Complaints of severe muscle spasms radiating up to between the shoulders and down both legs was reported. It was noted that the injured employee had been doing a lot of woodworking and building with bending at the back. The physical examination documented an absent left knee reflex. Reflexes of the ankles were symmetric. Motor strength was normal and symmetric. Plain film radiographs documented fusion hardware in good position. Vioxx and Flexeril were prescribed.

An episode of low back pain radiating to the left groin was reported on October 13, 2010. The physical examination documented well healed incisions. There was diffuse tenderness at the L4-L5 level that radiated to the left. Reflexes were symmetric. Straight leg rising was negative. Motor strength was intact. Anti-inflammatory and muscle relaxant medications were prescribed. Physical therapy was considered. A transforaminal epidural steroid injection was recommended on December 7, 2010. It was noted that an MRI had shown a left paracentral disc protrusion of 5 mm at L1-L2. There was bilateral foraminal stenosis at L5-S1. The physical examination documented symmetrically diminished reflexes.

On January 4, 2011, it was noted that the injured employee had been treated with prednisone for bronchitis, which helped his back and leg pain. The physical examination again showed symmetrical reflexes at the knees and ankles. Celebrex was prescribed. Celebrex and physical therapy were continued on January 26, 2011. Zanaflex 4 mg, one tablet twice daily was added to the Celebrex regimen on September 7, 2011.

On March 5, 2012, it was noted that the injured employee was doing well. A course of steroids was noted to have helped his low back and radiating left lower extremity pain. A Medrol Dosepak was prescribed. Celebrex and tizanidine were continued and Lyrica was also prescribed. This treatment regimen continued through March 11, 2013.

A complaint of low back pain radiating to both lower extremities was noted on June 19, 2013. It was noted that the injured employee had been released from inpatient care for gastritis. The physical examination documented tender paravertebral muscles bilaterally. Lumbar range of motion was painful. Straight leg raising was normal. There was motor weakness of the left psoas. Lower extremity reflexes were symmetrical bilaterally. Physical therapy and Flector patches were prescribed. A home exercise program was also recommended. Continued low back and bilateral leg pain was documented on July 31, 2013. No changes in the physical examination were noted. Norco 7.5/325 mg, one tablet every eight hours, and Arthrotec 50/200 mg, one tablet twice daily were prescribed. A lumbar spine MRI was considered.

A request for a repeat lumbar MRI was non-certified on August 9, 2013. A reconsideration request was non-certified on September 3, 2013. The non-certification was due to a lack of clear evidence of new or progressive neurologic deficits and lack of failure of a reasonable course of conservative treatment.

The injured employee was re-evaluated at Back Institute on September 9, 2013. Continued back pain with radiation to the left groin was noted. Associated weakness was also noted. Some relief had been provided with tramadol and tizanidine. The physical examination documented increased left psoas strength. Motor strength in the lower extremities was normal.

The right patellar reflex was normal and the left patellar reflex was hypoactive. A lumbar spine MRI was requested due to continued left hip flexor weakness, which was noted to have improved.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

As noted in the Division-mandated Official Disability Guidelines Low Back Chapter, updated October 9, 2013, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recurrent disc herniation). The provided medical records indicate that the injured employee has a long-standing history of low back pain radiating to the left lower extremity which has improved with oral medications. Documented left hip flexor strength has also improved. This does not indicate that there is a new or progressive neurologic deficit which requires further investigation with repeat MRI lumbar spine. Based on these factors, the request for repeat MRI of the lumbar spine is not supported.

**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
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)