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Notice of Independent Review Decision

IRO REVIEWER REPORT TEMPLATE –WC

April 15, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
MRI of the lumbar spine with and without contrast

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

REVIEW OUTCOME:

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

☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

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:

- Office visits (09/17/12 – 02/11/13)
- Utilization reviews (01/25/13, 02/26/13)

TDI

- Utilization reviews (01/28/13, 02/22/13)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who on xx/xx/xx, apparently injured his back at work lifting.

No records are available up to August 2012.

On September 17, 2012, evaluated the patient for back pain. History was positive for back surgery in 1993. diagnosed back pain and prescribed Neurontin and Naprosyn.

On October 1, 2012, the patient reported that he was still having back pain off and on but frequent. prescribed Lortab and Neurontin.

On October 15, 2012, referred the patient to an orthopedic surgeon. He medications were Neurontin and naproxen.

On November 15, 2012, the patient reported that he was still having back pain and it was still hurting him. prescribed Lortab and Neurontin and recommended obtaining computerized tomography (CT) scan of the lumbar spine.

On December 12, 2012, the patient reported having complaints of back pain every day and was taking two to three pain pills every day. He also had complaints in both his legs. prescribed Neurontin and referred the patient to physical therapy (PT) and an orthopedic surgeon.

On December 13, 2012, it was noted that the patient's back pain was 7/10. The patient's back hurt more and both his legs were weak. He went to PT evaluation. He wanted to know if he could work. He was not able to sleep. continued medications and recommended returning to work as of December 17, 2012.

The handwritten records are illegible.

On January 14, 2013, an orthopedic surgeon, evaluated the patient for low back pain as a result of an injury in 2003. The patient was utilizing Neurontin, Naprosyn and Lortab. He apparently had an accident at work while lifting. He underwent a surgery. He had metal in his back. He apparently underwent a fusion at L4-L5 with pedicle screws. He was currently and bending would hurt his back specifically more leaning forward. Examination showed positive straight leg raising (SLR) bilaterally for back pain. reviewed the MRI findings which revealed a herniated disc at L3-L4 above the fusion. He recommended MRI with and without contrast.

On January 23, 2013, a precertification request was sent for an MRI of the lumbar spine with and without contrast.

Per utilization review dated January 25, 2013, denied the request for MRI of the lumbar spine with and without contrast based on the following rationale: *"The patient sustained an injury on July 15, 1993, and subsequently underwent fusion at L4-L5 with pedicle screws. As per medical report dated January 14, 2013, the patient complained of low back pain. The physical examination revealed 1+ knee and ankle jerks and positive straight leg raise test bilaterally. This is a request for MRI of the lumbar spine to determine what is "scar" and what is not, as they do not have any real documentation as to what has been done with his back. The patient is reported to have had a previous MRI which revealed herniated disc at*

L3-L4 above his fusion. There was no clear elaboration as to the details of the previous MRI. There was also no discussion as to what additional information can be gathered from the requested repeat MRI that cannot be obtained from the previous imaging study. The guidelines recommend MRI's for patients with prior back surgery. However, available objective findings do not suggest any significant pathology (such as tumor, infection, fracture, neural compression or recurrent disc herniation), deficits to warrant a repeat MRI at this time. Based on these grounds, the medical necessity of this request has not been established at this time."

On February 11, 2013, evaluated the patient for low back pain. He reviewed a report from ESIS Utilization Review Unit that stated that physical examination revealed that the patient had a problem but the request for MRI had been ordered to determine whether there was a scar or a herniated disc at the level of L3-L4. They said that they did not have any documentation as to what was done with his back and needed this primarily because the surgeon that operated on him was deceased. Of course there was no clear elaboration of the details of the previous MRI because it was done and was not that good to read. Therefore there were no records available because was deceased. recommended MRI as previously ordered.

On February 19, 2013, a preauthorization request was sent for reconsideration of MRI of the lumbar spine with and without contrast. The diagnosis was L3-L4 herniated nucleus pulposus (HNP) above fusion.

Per the reconsideration review dated February 22, 2013, the appeal for reconsideration of MRI of the lumbar spine with and without contrast was denied an orthopedic surgeon, based on the following rationale: "*The appeal request for 1 MRI of the lumbar spine with and without contrast is non-certified. The patient has a history of a work-related injury as reported on July 15, 1993, that resulted in low back pain complaints. The patient is noted to have had a fusion at L4-L5 with pedicle screws. An unofficial MRI of the lumbar spine, as reported by a clinical note dated January 14, 2013, revealed a herniated disc at L3-L4 above his fusion. This MRI was completed in xx and was not available for clinical review. In the clinical note dated February 11, 2013, it stated that the unofficial MRI completed in Mexico was reviewed and revealed an L3-L4 herniated disc. The physician reported this finding from the unofficial MRI completed in Mexico; however, he did state that because it was done, as far as he was concerned, it was not a good MRI to read. Therefore, he is requesting an additional MRI at this time. The guidelines recommend MRI's for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy-or sooner if severe or progressive neurologic deficits are noted. There are no progressive neurologic deficits noted in the clinical evidence submitted for review, nor is there any indication that one month of conservative therapy has been completed at this time and there is lack of documentation of new or progressive neurological deficits. The request was previously denied due to a lack of documentation as to what a repeat MRI could reveal. Based on the clinical evidence submitted for review, there is a lack of conservative therapy documentation. The request for an MRI of the lumbar spine*

is outside of guideline recommendation. As such, the appeal request for 1 MRI of the lumbar spine with and without contrast is non-certified."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The request for an MRI of the lumbar spine with and without contrast is not medically necessary base on review of this medical record. The medical records provided for review have gone over. While the claimant complains of back pain and has had previous surgical intervention in the past, there is no documentation in the provided medical records of progressive neurologic deficit, protective muscle spasm, disuse muscle atrophy or recent clinical change in condition. The claimant has undergone MRI test which has been reported to show a disc herniation above the level of fusion, the physician has requested a new MRI with and without contrast to determine what is a disc herniation is and what may be scar tissue. The Official Disability Guidelines are reviewed in terms of indications for MRI testing which would include progressive neurologic deficit or recent trauma or change in the claimant's clinical condition none of that appears to be present in this case. There does not appear to be any documentation of a discussion about eminent need for surgery, fracture, infection or progressive neurologic deficit. Therefore based on review of the medical record provided there does not appear to be medical necessity for a lumbar MRI with and without contrast at this time.

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:
☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates : Low Back
<u>Indications for imaging</u> -- 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