

Applied Assessments LLC

An Independent Review Organization
3005 South Lamar Blvd, Ste. D109 #410
Austin, TX 78704
Phone: (512) 772-1863
Fax: (512) 857-1245
Email: manager@applied-assessments.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/19/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI Lumbar Spine

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

PM&R and Pain 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)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Notification of adverse determination/partial dated 01/22/13

Notification of reconsideration of adverse determination dated 02/20/13

Office notes/physician statements dated 07/13/12 – 02/26/13

X-rays of the lumbar spine dated 01/31/13

Fax cover sheet dated 01/16/13

Pre-authorization request dated 12/05/12

Prescription MRI, undated

Job injury registration

Consult/referral form dated 09/13/12

Physical therapy notes dated 08/03/12 and 07/16/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who reportedly was injured on xxxxx while lifting an 80-lb. bag overhead. He presented on 07/13/12 with complaints of left hip pain. Examination on that date reported pain elicited with palpation at the left greater trochanter; pain with hip adduction. The records indicate that MRI of the left hip showed no abnormality to explain the claimant's symptoms. The claimant was seen on 01/02/13 and reports pain starting to radiate to the left lumbar area. Physical examination on that date reported pain elicited with palpation at the left greater trochanter; pain present to L3 distribution as it radiates to the medial knee; tenderness to left lumbar paraspinals. The claimant was seen in follow-up on

02/26/13 and reported continued left hip pain. The claimant states that pain continues to extend from superior left buttock to anterior lower leg. The claimant is taking over-the-counter Ibuprofen 600mg 4 times a week on average. He currently is not working. On examination, pain was elicited on palpation at the left greater trochanter; tenderness to left superior glute; positive left straight leg raise. Neurologic exam reported hypoesthesia in the L4 distribution; reflexes 1+ at the left knee, 2+ on the right. X-rays of the lumbar spine on 01/31/13 revealed degenerative changes of the lumbar spine without a concomitant acute process. Mild spondylosis was noted with no listhesis. There was mild disc space narrowing at L4-5.

A request for MRI of the lumbar spine was non-certified on 01/22/13, noting that the documentation submitted for review did not adequately indicate low back pain that would support the request. The claimant had not undergone a non-diagnostic MRI of the lumbar spine to date. The requested MRI of the lumbar spine was non-certified.

An appeal request for MRI of the lumbar spine was non-certified on 02/20/13. It was noted that lumbar x-rays performed on 01/31/13 revealed degenerative changes of the lumbar spine without concomitant acute process. However, based on the medical reports submitted for review, the necessity for MRI study has not been established. The physical examination was not able to objectively show any signs of progressive neurologic deficits through sensory and motor evaluation. Furthermore, documented failure of conservative treatments such as pain medications and physical therapy has not been established.

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

The documentation provided indicates that the claimant sustained a lifting injury on xx/xx/xx and presented with complaints of left hip pain. MRI of the left hip was noted to be unremarkable. The claimant subsequently reported that pain was starting to radiate to the left lumbar area. The claimant is noted to have undergone injections to the left trochanteric region without improvement. The claimant was also treated conservatively with physical therapy and anti-inflammatory medications. Examination on 02/26/13 reported positive straight leg raising on the left and diminished sensation in the L4 distribution as well as decreased knee jerk on the left as compared to the right. This is a change from previous examinations and demonstrates progressive neurologic deficit. As such, it appears that this request does meet ODG criteria for a MRI of the lumbar spine. Based on the clinical data provided, it is the opinion of this reviewer that the request for MRI of the lumbar spine is indicated as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES