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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/09/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: repeat MRI of the 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 Orthopedic Surgery

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. In this reviewer's opinion, the prior concerns for denial were not addressed and medical necessity would not be established for repeat MRI of the lumbar spine without contrast at this point in time

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

MRI of the lumbar spine dated 08/21/09

Clinical reports from Back Institute dated 03/24/08 – 06/18/13

Prior reviews dated 06/18/13 & 07/19/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who sustained an injury on xx/xx/xx. The patient is status post lumbar fusion in May of 2009 at L4-5 and L5-S1 with subsequent hardware removal in December of 2009. MRI studies of the lumbar spine completed on 08/21/09 showed postoperative changes at L4-5 and L5-S1 with interbody fusion grafts in good position. Anterior hardware was in place and posterior fusion was present with associated hardware. At L3-4, there was no definite nerve root compression with a 2-3mm disc protrusion present effacing the thecal sac. The patient had an increase in the amount of pain in the low back in May of 2010. The patient was given Toradol injections and placed on a steroid dose pack. MRI studies were recommended in December of 2010. The patient continued to report pain in the lumbar spine while walking. Selective nerve root blocks were discussed in September of 2012. Clinical report on 03/19/13 stated that the patient continued to have low back pain and pain in the bottom of the right foot. The patient reported having plantar fascia injections which were beneficial. Medications at this visit included Norco, Lyrica, and Flexeril. Physical examination demonstrated postoperative incisions that were well-healed. No tenderness in the lumbar spine or over the sacroiliac joints was noted. The patient was recommended to continue on medications. The patient was not seen again until 06/10/13 for complaints of intermittent right anterior thigh pain as well as numbness and tingling in the toes. The patient's physical examination demonstrated a slow gait with tenderness at L3-4 to palpation. No radiating pain with straight leg raise testing was noted and there was pain with lumbar range of motion. Mild weakness was

present at the quadriceps, psoas, tibialis anterior, and extensor hallucis longus bilaterally. There was also mild weakness present at the gluteus maximus. There was decreased sensation of the bilateral toes as well as the thigh, lateral calf, and lateral foot. Radiographs were stated to show disc space narrowing at L3-4 with slight hemi collapse to the left. The patient was given a Medrol dose pack and recommended for MRI studies to address adjacent segment disc disease at L3-4.

The requested repeat MRI of the lumbar spine was denied by utilization review on 06/18/13 as it was unclear why MRI studies were being requested and there was no evidence of objective worsening neurological conditions or other red flags to support MRI studies.

The request was again denied by utilization review on 07/19/13 as there was no recent physical therapy or follow up after a trial of conservative options. A repeat exam was recommended following conservative options to support MRI studies.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient is noted to be status post lumbar fusion at L4-5 and L5-S1. In the beginning of 2013, the patient had a fairly normal physical examination and the patient was not seen again until 06/10/13 when she reported severe pain in the low back and the lower extremities. The patient's physical examination did reveal global weakness and sensory loss in the lower extremities. There has been no documentation regarding any recent conservative treatment to include physical therapy. It is also unclear what the outcome was from the provided oral steroids. Without indications that the patient has failed a conservative treatment program for the recent exacerbation of the symptoms, MRI studies would not be supported as medically necessary. In this reviewer's opinion, the prior concerns for denial were not addressed and medical necessity would not be established for repeat MRI of the lumbar spine without contrast at this point in time. As such, the prior denials are upheld.

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

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

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 (PROVIDE A DESCRIPTION)