



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

Notice of Independent Review Decision

DATE OF REVIEW: 2/19/2013

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of 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 Orthopedic Surgery Fellowship Trained Spine Surgeon.

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

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	1/30/2013
Adverse Determination Letters	1/11/2013-1/24/2013
Requests for Pre-Authorization Consultations/ Follow up Office Visits	1/08/2013-1/16/2013 5/08/2012-7/17/2012
Note for the Office of Injured Employee Counsel Functional Capacity Evaluation	11/05/2012-1/04/2013 7/31/2012 6/28/2012
Operative Report	6/01/2012
Post-Procedure Pain Log	7/09/2012
MRI Report	4/05/2012

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:



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

The patient sustained an on the job injury on xx/xx/xx. The patient's chief complaint was low back pain and leg pain. An MRI done on 4/5/2012 showed age related disc degeneration and disc bulge eccentric to the left with possible compression of the Left L5 nerve root. The patient underwent a caudal ESI times one on 6/6/2012 with some temporal improvement. Currently, the patient's chief complaint is low back pain. The left leg pain is resolved. The treating physician is requesting a repeat MRI. The purpose of the MRI is to explore any structural changes in the segment of interest, namely, the L5-S1 disc.

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

Per ODG references, the requested MRI of lumbar spine without contrast is not medically necessary.

The patient underwent one Caudal ESI and the results were mild. The request for a repeat MRI is not necessary at this point. The yield would be minimal as the patient is not getting worse, in fact, at the least, the leg pain is resolved. In addition, the original surgical plan of an L5-S1 laminectomy is being tabled and the neurological complaints are resolved. The residual low back pain from a diagnostic perspective can be determined already from the patients previous MRI and clinical history. A repeat MRI would add little to the diagnostic workup or treatment that the patient is not already receiving.

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