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Notice of Independent Review Decision

Date notice sent to all parties:

January 15, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat MRI Lumbar Spine without contrast

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

Board Certified Chiropractic Examiner

REVIEW OUTCOME:

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

Overturned (Disagree)

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:

MRI lumbar spine dated 11/10/06
MRI lumbar spine dated 07/26/07
CT myelogram lumbar spine dated 01/15/08
Radiographs lumbar spine dated 02/07/08
MRI lumbar spine dated 02/23/09
CT myelogram lumbar spine dated 04/17/09

Radiographs lumbar spine dated 09/09/09
MRI lumbar spine dated 08/05/10
Radiographs lumbar spine dated 10/07/11
Clinical note dated 12/13/11
CT myelogram lumbar spine dated 04/16/12
Clinical note dated 05/11/12
Pre-surgical psychological consult dated 06/01/12
Letter dated 06/06/12
Clinical note dated 10/26/12
Letter of medical necessity dated 01/08/13
Prior reviews dated 11/06/12 and 11/27/12
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who has been followed for complaints of low back pain. The patient is status post lumbar laminectomy from L3-S1. CT myelogram studies were completed on 04/16/12 which revealed no spondylitic findings on flexion/extension views. At L3-4 there was a residual 2 mm disc bulge extending into the inferior aspect of the neural foramen. Ligamentum flavum hypertrophy was noted at L4-5 with a residual 2 mm disc bulge. At L5-S1 there were spondylitic changes with vacuum disc phenomenon identified. A 2 mm disc bulge extended into the inferior aspect of the foramen and there was a component of facet arthropathy. The patient was seen on 05/11/12 with continuing complaints of low back pain. Medications at this visit included Gabapentin. Physical examination revealed tenderness to palpation in the lower lumbar spine with decreased range of motion. There was mild weakness present in the lower extremities bilaterally, right worse than left. Decreased sensation was noted bilaterally from L4-S1. Straight leg raise was reported as positive to the right and reflexes were symmetric. The patient was recommended for a L3-S1 posterior fusion with bilateral L5-S1 laminectomies. Follow-up on 10/26/12 stated that the patient is now unable to sit, stand, or walk without a cane. The patient has had continuing low back pain with numbness and tingling in the lower extremities. Physical examination revealed increased weakness in the right lower extremity as compared to the left. There was decreased sensation that appeared to be increased in the right lower extremity compared to the left. Reflexes were unchanged. MRI studies were recommended.

The request for a repeat MRI without contrast was denied by utilization review on 11/06/12. There was no clear discussion regarding the reasons for denial.

The request for a repeat MRI of the lumbar spine was denied by utilization review on 11/27/12. The request indicated that contrast enhancement with gadolinium was indicated for a patient with possible arachnoiditis.

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

The requested repeat MRI of the lumbar spine without contrast is recommended as medically necessary. The patient has had a prior surgical history of lumbar laminectomies from L3-S1. The most recent CT myelogram study completed in 04/12 did suggest evidence of arachnoiditis at L3-4 and L4-5. The patient's physical examination findings did reveal progressive neurologic dysfunction with increased weakness noted in the right lower extremity. There was also decreased sensation in the right lower extremity. Given the patient's progressive neurological deficits, repeat MRI studies would be recommended. It is recommended by this reviewer that gadolinium be used in the MRI study due to the patient's prior surgical history. As the clinical documentation provided for review does meet guideline recommendations for the request, medical necessity is established.

IRO REVIEWER REPORT TEMPLATE -WC

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

- x MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- x ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guidelines, Online Version, Low Back Chapter

MRI

Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). ([Bigos, 1999](#)) ([Mullin, 2000](#)) ([ACR, 2000](#)) ([AAN, 1994](#)) ([Aetna, 2004](#)) ([Airaksinen, 2006](#)) (Chou, 2007)