

# P-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Jan/09/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

MRI Lumbar without contrast

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

Neurosurgery

**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

Request for IRO dated 12/19/12

Receipt of request for IRO dated 12/20/12

Utilization review determination dated 11/13/12

Utilization review determination dated 12/17/12

Correspondence Dr. XXXX dated 11/13/12

Physician advisor determination dated 12/07/12

Emergency department records dated 04/20/11

CT of the lumbar spine dated 04/20/11

CT of the cervical spine dated 04/20/11

CT of the head dated 04/20/11

CT of the thoracic spine dated 04/20/11

CT of the chest with abdomen and pelvis dated 04/20/11

Progress note dated 04/25/11  
MRI lumbar spine dated 04/27/11  
Progress note dated 04/29/11  
Clinical records Dr. XXXX dated 06/01/11, 08/17/11, 10/05/11, 01/11/12, and 11/07/12  
Radiographic report dated 06/01/11  
MRI thoracic spine dated 07/07/11  
Radiographic report cervical spine dated 09/13/11  
MRI cervical spine dated 09/13/11  
Procedure report transforaminal ESI dated 06/18/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female who is reported to have sustained work-related injuries. On the date of injury, she is reported to have slipped and fallen. She was transported to Hospital. She has complaints of head, face, upper back, and right knee pain. She is noted to have fallen from a standing position. She is reported to have sustained a blow to the head. Physical examination was remarkable for moderate vertebral point tenderness over the upper thoracic spine, moderate tenderness over the right knee with limited range of motion, and tenderness over the right hip. Multiple studies were performed which included a CT of the lumbar spine. This study notes minimal broad-based disc bulges at L4-5 and L5-S1. CT of the cervical spine was grossly unremarkable. CT of the head was unremarkable. CT of the thoracic spine noted degenerative changes with multiple osteophytes anteriorly and laterally. CT of the pelvis was unremarkable. The claimant was subsequently discharged with oral medications.

On 04/25/11, the claimant was seen by an unknown provider. She reports that she tripped on a cord of a call light landing on her back and striking her head. She has complaints of back pain. She reports urinating in her pants and doesn't get the urge to use the bathroom. She complains of pain in the right lower leg and right shoulder when she lifts. The claimant was referred for MRI of the lumbar spine which was performed on 04/27/11. This study notes moderate degenerative disc disease with disc space narrowing. At T11-12 there is a mild posterior disc bulge with no evidence of stenosis. At T12-L1 there is a tiny central disc protrusion with inferior migration and no significant central canal or neuroforaminal narrowing. At L4-5 there is mild bilateral facet arthropathy with similar findings at L5-S1.

On 06/01/11, the claimant was seen by Dr. xxxx. The patient reports significant issues with pain in the thoracolumbar spine as well as issues with urinary incontinence. On physical examination she is noted to be 5'2" tall and weighs 252 lbs. She has some spasticity in the right lower extremity. She is noted to have 2-beat clonus on the right with no clonus on the left. Reflexes were slightly brisk on the right side; the left side is intact. Ankle jerks are intact. She was opined to have acute neurologic deficits and evidence of upper motor neuron symptoms. She subsequently was recommended to undergo MRI of the thoracic spine. This study was performed on 07/07/11. This study noted diffuse degenerative disc disease with a very mild to mild bulging at numerous levels without any clear focal herniation. There was no definite spinal or neural foraminal stenosis present. The claimant was seen in follow up on 08/17/11 at which time she reported that her bowel dysfunction had improved significantly; however, she was still having bladder incontinence. She reported it was primarily when she was coughing. She reported wearing a pad and still had no control. She further reported having some neck pain with right upper extremity complaints and on physical examination she continued to have two beats of clonus on the right and none in the left. She subsequently was recommended to undergo MRI of the cervical spine.

Plain radiographs of the cervical spine were performed on 09/13/11 which noted mild narrowing of the C5-6 disc space with osteophyte formation at this level. On 09/13/11, the claimant underwent MRI of the cervical spine which noted very mild narrowing of the disc space at C5-6. There was disc bulge present at the C5-6 level with no spinal canal or foraminal stenosis and at C6-7 and C7-T1 there were mild posterior disc bulges and there were no abnormal cord signal changes and the claimant was subsequently to be referred to a

urologist to make sure that there was no other alternative source of her incontinence issues.

On 01/11/12, the claimant was seen in follow up and was reported to have undergone physical therapy which improved her neck and upper back symptoms and she had complaints of low back pain with radiation to the right lower extremity and on physical examination she was reported to have some giveaway weakness in the right side tibialis anterior. She had some leg complaints and with a mild tension sign on the right side with elevation and she was noted to have some tenderness over the right L5-S1 facet regions. The claimant was subsequently recommended to undergo a right sided transforaminal selective nerve root block at L5-S1 which was performed on 06/18/12.

The claimant was seen in follow up by Dr. XXXX on 11/07/12 and was noted to be status post a right sided L5-S1 selective nerve root block in June. The claimant reported some help with her leg pain, but she continued to have lumbar pain. Her current medication is naproxen. Straight leg raise was reported to be positive on the right at 60 degrees and she was recommended to undergo an updated MRI of the lumbar spine.

The initial review was performed by Dr. XXXX on 11/13/12 who non-certified the request noting that for the described medical situation this reference would not support this specific request to be one of medical necessity as there was no documentation indicating the presence of any new changes on neurological examination compared to the previous.

The appeal request was reviewed by Dr. XXXX on 12/17/12 who non-certified the request noting that the 11/07/12 office note did not report any significant objective radicular pain. It was noted that a selective nerve root block in June helped with the reported leg pain. She had a complete spine MRI previously due to her reported clonus and neurological symptoms. He noted that there was no report of any new neurological deficits to validate the request for repeat MRI of the lumbar spine.

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

The request for repeat MRI of the lumbar spine without contrast is not supported as medically necessary per the Official Disability Guidelines. The submitted clinical records indicate that the claimant sustained an injury as a result of a slip and fall. The claimant has undergone extensive diagnostic evaluation which included CT of the entire spine and MRI to assess for neurocompressive lesions due to early reports of clonus on physical examination. The available clinical record provides no data which suggests that the claimant has an upper motor neuron lesion. Further, there has been no substantive change in the most recent physical examinations indicating a progressive neurological deficit. Therefore, the request would not meet Official Disability Guidelines and as such, a repeat MRI of the lumbar spine would not be supported 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**