

Matutech, Inc
881 Rock Street
New Braunfels, TX 78130
Phone: 800-929-9078
Fax: 800-570-9544

Notice of Independent Review Decision

Date: 12/26/12

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:

Diplomate, American Board of Physical Medicine and Rehabilitation and Pain Medicine

REVIEW OUTCOME:

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

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Diagnostic (08/17/11)
- Office visits (09/01/11 – 11/09/12)
- Utilization review (11/15/12 – 11/29/12)

Dr.

- Office visits (07/12/11 – 11/09/12)
- Therapy (07/15/11 – 08/19/11)
- Diagnostic (08/17/11)
- Utilization review (11/15/12 – 11/29/12)

TDI

- Utilization review (11/15/12 – 11/29/12)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who on xx/xx/xx lost his footing on the stairs and fell on his back.

2011: On July 12, 2011, M.D., evaluated the patient for left-sided of lower back and buttock pain. There was more pain while bending down and decreased range of motion (ROM) in all planes with pain radiating to leg, left buttock and posterior hip area. There was numbness and tingling in the lower extremities. Examination of the lumbar spine revealed decreased ROM in all planes, muscle spasms along the paraspinal muscles of the right side and negative straight leg raising (SLR). X-rays were negative for fracture or dislocation. Dr. diagnosed lumbar sprain, prescribed Naprosyn and Skelaxin and recommended rehab. The patient was also recommended applying heat and was placed on restrictions.

On follow-up, the patient reported that his symptoms had remained the same. The ROM had returned to normal and numbness and tingling in the shoulder had resolved. Examination of the lumbar spine showed that the overall symptoms had remained the same. Dr. recommended continuing rehab.

From July through August, the patient attended nine sessions of therapy consisting of moist heat pack/cold pack, home exercise program (HEP), neuromuscular re-education, therapeutic activities and therapeutic exercises.

On July 21, 2011, Dr. noted that the symptoms of the lumbar spine had decreased, ROM had increased and radiating pain had decreased. Examination showed mild distress with increased rotation in the lumbar spine bilaterally. Examination of the thoracic spine showed resolved muscle spasm. Dr. prescribed Naprosyn and Skelaxin and recommended continuing therapy.

On July 29, 2011, Dr. noted that the lower back was improving. He opined that the mid back and shoulder problems had resolved. He refilled medications and recommended continuing therapy.

On August 10, 2011, Dr. noted the patient had positive sitting SLR on the left. He diagnosed lumbar sprain, left thoracic sprain/strain and contusion of shoulder region. He discontinued previous medications, prescribed Skelaxin and Ultracet and ordered magnetic resonance imaging (MRI) of the lumbar spine.

On August 17, 2011, MRI of the lumbar spine showed a central disc protrusion at L5-S1 measuring 12 mm medial to lateral x3 mm anteroposterior associated with an annular fissure abutting the transverse nerve roots bilaterally slightly greater on the right and the central canal measuring 14 mm anteroposteriorly.

On August 23, 2011, Dr. noted that the lumbar spine symptoms had remained the same. Examination of the lumbar spine showed decreased ROM in all planes, bilateral muscle spasm along the paraspinal muscles and positive sitting SLR. Dr.

recommended continuing HEP and medications and referred the patient to Dr. for an epidural steroid injection (ESI).

On September 1, 2011, M.D., evaluated the patient for low back pain radiating into the left lower extremity. Examination showed poor heel and toe walking on the left and positive SLR on the left. Dr. diagnosed lumbar strain, thoracic strain, lumbar herniated nucleus pulposus (HNP) and lumbar radiculitis and performed an ESI at L5-S1.

On October 11, 2011, Dr. noted an overall improvement in the pain after the procedure and which was half of the previous. The patient was able to stand for more than 30 minutes and was able to sit for less than 30 minutes. He could walk for more than 30 minutes and the pain level was 4 to 6/10. The pain was described as throbbing, aching and numbness. Dr. recommended followup in one month for reevaluation.

On November 30, 2011, Dr. administrated second lumbar ESI at L5-S1.

On December 14, 2011, Dr. noted improvement after the procedure but with side effect of headaches. He recommended follow-up with the patient's referring physician.

2012: On January 13, 2012, Dr. noted that after the procedure the patient was able to stand longer, sit longer, and walk longer and sleep better. He had decreased pain medications and had less stress. He recommended evaluation by the referring physician.

On follow-up, in February, Dr. noted no improvement in the pain. He recommended surgical evaluation.

Per the letter of clarification, dated April 29, 2012; M.D., a designated doctor opined that the patient had reached maximum medical improvement (MMI) as of February 3, 2012, with an 8% whole person impairment (WPI) rating.

On October 2, 2012, , M.D., an orthopedic surgeon, evaluated the patient for left lumbar pain. Dr. noted that the patient was seen at Nova and was sent for PT. He was also instructed to do HEP and was told to lose weight. He was treated with ESIs which did not help and symptoms remained the same. The pain was described as sharp, severe and continuous and increasing with activity. The pain increased with weightbearing and interfered with activities of daily living (ADL). The symptoms were worse when squatting, kneeling, sitting, walking and standing. The associated symptoms included stiffness, limping, weakness and lower extremity pain. Examination showed pain in the left back with SLR. X-rays of the lumbar spine showed slight disc narrowing at L5-S1. Dr. diagnosed lumbosacral spondylosis without myleopathy. He felt the patient was not a surgical candidate and referred the patient to Dr. for left L4-L5 and L5-S1 facet injection.

On October 9, 2012, Dr. evaluated the patient for low back pain. He noted that the patient was evaluated by two surgeons who felt that the patient was not a surgical candidate. Examination showed good toe walking, diminished deep tendon reflexes in the lower extremities, negative SLR bilaterally and pain in the lumbar facets on the left at the L5-S1 and L4-L5. Dr. diagnosed lumbar radiculitis, lumbar HNP, lumbar strain, thoracic strain and lumbar facet/disc pain. He ordered MRI of the lumbar spine.

On October 15, 2012, Dr. evaluated the patient for low back pain. Dr. noted that the patient was evaluated by and Dr. for second opinion. Dr. had recommended third ESI but not surgery. Dr. had prescribed Motrin. Dr. recommended continuing current medications and HEP and repeat MRI of the lumbar spine.

On October 29, 2012, M.D., evaluated the patient for low back pain. The patient reported that overall his symptoms had remained the same. Examination showed decreased ROM, decreased muscle strength in the lower extremities secondary to pain and positive sitting SLR bilaterally. Dr. prescribed Motrin and recommended continuing current medications and HEP. She ordered repeat MRI due to the patient's lack of improvement. She noted that Dr. wanted a more recent MRI to confirm the size of disc protrusion at L5-S1 for possible therapy. She referred the patient to a neurosurgeon Dr.

On November 9, 2012, Dr. noted that the patient was able to stand and sit for more than 30 minutes and was able to walk for more than 30 minutes. The pain level was 7 to 9/10. The pain was described as constant, sharp, aching, stabbing and throbbing and was felt better with Motrin. Dr. ordered MRI of the lumbar spine as it was clinically indicated.

Per the utilization review, dated November 15, 2012, the request for MRI of the lumbar spine was denied with the following rationale *"This is a request for lumbar MRI. The patient complains of lower back injury after falling down the stairs landing on his back on xx/xx/xx. The pain level at best was noted at 4 to 6/10 and worst at 7 to 8/10 on pain scale. The patient previously underwent lumbar ESI at L5-S1 level on November 30, 2011, and reported a decrease in pain half but the duration of relief was not indicated. The latest physical examination dated November 9, 2012, revealed no change in the previous findings on October 9, 2012, of diminished DTRs of the lower extremities, negative SLR bilaterally, and pain in the lumbar facets on the left at the L4-L5 and L5-S1 levels. However, objective findings were not suggestive of radiculopathy and did not show signs of progressive neurologic deficits or significant pathology. The report submitted also made no mention of any recent failure in conservative therapy. The provider stated that the patient had a surgical evaluation, but it was determined that he was not a surgical candidate. He stated that the reason for the MRI was continued pain; however, he is going to examine the patient again. The medical necessity of this request for lumbar MRI is not established."*

Per the reconsideration review, dated November 29, 2012, the appeal for lumbar MRI was denied with the following rationale *“The request for MRI lumbar is not recommended as medical necessary based on the clinical documentation provided for review and current evidence based guidelines. The claimant has been followed for continuing complains of low back that is improved with medications. Prior MRI studies from August of 2011 revealed a disc protrusion at L5-S1. The claimant’s physical exams from Dr. are reported not to have changes since January of 2012. Given the lack of any significant changes neurologically on physical exam, repeat MRI studies would not be supported as medically necessary.”*

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

The request for MRI of the lumbar spine is not recommended as medically necessary based on the clinical information provided and current evidence based guidelines. The patient complains of low back pain. The patient has been treated with medications and has completed Physical Therapy. There have been no changes in the physical exam and the patient has not reported any neurological changes that would warrant a repeat MRI.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES