



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

Notice of Independent Review Decision

**DATE OF REVIEW: 4/28/2013**

**IRO CASE #**

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

- 1. MRI of Lumbar Spine with and without contrast.
- 2. X-ray of Lumbar Spine.

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

M.D. Board Certified in Occupational Medicine and Urgent Care Medicine.

**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<br>Notice of Case Assignment | 4/08/2013                |
| Adverse Determination Letters                              | 3/25/2013-4/03/2013      |
| M.D.<br>Office Visit Notes                                 | 3/13/2012-1/29/2013      |
| Diagnostic Imaging<br>M.D.<br>Radiology Reports            | 3/21/2011-7/19/2011      |



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

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who has filed a claim for chronic low back pain and neck pain reportedly associated with an injury of xx/xx/xx.

Thus far, he has been treated with the following: Analgesic medications; a prior one-level lumbar fusion at L5-S1 in 1990; a cervical spine reconstruction surgery on March 5, 2012; plain films of the lumbar spine of March 21, 2011, apparently notable for multilevel arthritic changes with evidence of an L5-S1 fusion and laminectomy defect; an MRI of lumbar spine of July 19, 2011, notable for postsurgical changes at L5-S1 and loss of disk height at L4-L5; and transfer of care to and from various providers in various specialties.

The most recent progress report of January 29, 2013, is notable for comments that the claimant is ambulatory, reports low back pain radiating to the bilateral legs, left greater than right, is utilizing three to four tablets of Vicodin daily, is pleased with the cervical spine reconstruction procedure, exhibits a well healed surgical incision line about the lumbar spine, positive straight leg raising on the right, paresthesias about the L4-L5 nerve distribution on the left, and evidence of muscle weakness about the quadriceps muscles on the left. Recommendations are made for the claimant to proceed with surgical intervention, including a revision lumbar spine surgery with decompression and discectomy. It is noted that the claimant undergoes x-rays in the office showing an evidence of an L5-S1 laminectomy and fusion at L5-S1.

### **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 with and without contrast. and the X-ray of Lumbar Spine are not medically necessary.

No compelling rationale accompanies the request for authorization. The claimant underwent prior lumbar plain film imaging on an office visit of January 29, 2013, the results of which have been reported by the attending provider and apparently demonstrated evidence of an L5-S1 fusion with L4-L5 spondylolisthesis. While plain films x-rays, as suggested by the ODG, can be used to evaluate the status of a fusion postoperatively, it is not clear why repeat x-rays are indicated at this point in time, less than three months removed from prior set of plain film imaging performed on January 29, 2013. No rationale for repeat plain film imaging has provided.



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

**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