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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/13/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: MRI of the lumbar spine with and without contrast

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Orthopedic 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is this reviewer's opinion that medical necessity for MRI of the lumbar spine with and without contrast is not established

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who sustained an injury on xx/xx/xx when she slipped and fell. The patient is noted to have had a prior surgical history to include lumbar discectomy and fusion at L5-S1 with a laminectomy and discectomy at L2-3 performed on 07/07/08. The patient did have hardware removal and exploration of the previous fusion completed on 11/20/12. The last imaging studies available for review were from April of 2011. The patient had been followed for several years. The patient had continuing complaints of pain in the low back radiating to the lower extremities, left side less than the right side. The patient had been continuing with medications to include Gabapentin which were reported as helpful. The patient had been recommended for further epidural steroid injections. As of 02/25/14, the patient continued to have difficulty sleeping and had persistent bilateral leg pain. The patient had been successful in quitting smoking and had lost 51 lbs. On physical examination, the patient did have a continuing antalgic gait to the left lower extremity. There was a straight leg raise positive bilaterally at 75 degrees. There was mild weakness present at the right quadriceps. There was also mild weakness at the right gastrocnemius. Sensory loss was abnormal in an L4 and L5 distribution in the left lower extremity. The patient was seen on 06/20/14 with continuing complaints of pain. The patient was not able to obtain recommended epidural steroid injections. The patient did describe weakness in the lower extremities with falls.

On physical examination, straight leg raise was still positive bilaterally, this time at 60 degrees. There were positive Waddell's noted including non-specific tenderness and overreaction. There continued to be sensory loss in an L4 through S1 distribution to the right and in an L5 and S1 distribution to the left. No new motor weakness or reflex changes were identified. The patient was continued on medications at this evaluation. Follow up on 07/15/14 noted that the patient continued to utilize Norco for pain. The patient was still pending epidural steroid injections. Physical examination was unchanged at this evaluation.

The requested MRI study of the lumbar spine with and without contrast was denied by utilization review on 07/17/14 as there was no evidence of changes in symptoms or physical examination findings to suggest new pathology that would require updated MRI studies.

The request was again denied by utilization review on 07/21/14 as there were no recent plain film radiographs of the lumbar spine or indication of any red flags or significant changes in signs or symptoms to support imaging.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for a long history of chronic low back pain radiating to the lower extremities following a lumbar fusion at L5-S1 and discectomy with decompression at L2-3. The patient has had an interval removal of hardware with exploration of the lumbar fusion in 2012. Although the patient continues to be symptomatic in terms of low back pain as well as lower extremity pain, the patient's physical examination findings have remained essentially unchanged through July of 2014. There has been no indication of any significant changes in regards to motor strength, reflex changes, or sensory deficits that would suggest new pathology is present contributing to the patient's ongoing complaints. The patient's presentation is still consistent with failed back surgery syndrome. At this point in time, given the absence of any new neurological deficit, it is unclear how additional MRI studies of the lumbar spine would provide further evidence to help delineate the patient's course of treatment. Therefore, it is this reviewer's opinion that medical necessity for MRI of the lumbar spine with and without contrast is not established and the prior denials are upheld.

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

- ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- 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 (PROVIDE A DESCRIPTION)