

Health Decisions, Inc.

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Notice of Independent Review Decision

August 4, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat MRI of the Lumbar Spine without Contrast

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

American Board Certified Orthopaedic Surgeon with over 42 years of experience

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male that was injured at work on xx/xx/xx. He landed on left lower extremity and hit back on ground. The claimant has undergone PT, muscle relaxers, pain medication and an MRI scan. He has not experienced any relief.

11-09-12: MRI of the Lumbar Spine without Contrast. Impression: 1. Multilevel disc bulges or protrusions most pronounced at L5-1 as detailed above, with moderate left and mild right neural foraminal stenosis. 2. No other central spinal or neural foraminal stenosis is seen.

12-06-12: Office Visit Report. The claimant c/o low back pain and left leg pain and weakness. He's undergone physical therapy, oral medications and MRI scan. The claimant denies any muscle weakness at this time. Upon examination, has difficulty acquiring a full, upright position when getting out of the chair. Gait is antalgic to the left. Lower extremities reflexes are symmetrically present and WNL. Tension signs positive on the LLE. X-ray review: AP flexion-extension

lumbar spine: Loss of disc height noted L5-S1, no significant scoliosis. MRI review: Disc desiccation noted L4-L5 and L5-S1. Endplate changes L5-S1. Severe loss of disc height at L5-S1. Assessment: L5-S1 internal disc derangement, femoral stenosis L5-S1 and Lumbar radicular pain. Plan: ESI lumbar, X-ray AP/Flex/Ext and add Metaxalone, Etodolac and Hydrocodone.

03-05-13: Office Visit Report. The claimant c/o LBP and left leg weakness. Assessment: 4/5 strength in the left anterior tibialis and extensor hallucis longus, right-sided strength graded 5/5 throughout extremity. Plan: L5-S1 foraminal stenosis, lumbar radicular syndrome and L5-S1 internal disc derangement. At this point claimant has failed conservative care. Candidate for left-sided L5-S1 foraminotomy with decompression.

08-29-13: Office Visit Report. Plan: Recommend FCE, PT evaluate & treat.

09-17-13: FCE. The claimant c/o lumbar burning, stabbing, sharp pain on left side and radiating down left leg with numbness and tingling. Spine ROM: Lumbar flexion-32 degrees, extension-17 degrees, lateral left-15 degrees, lateral right-17 degrees. Motion: SLR left-33 degrees, right-35 degrees. Lower Extremities Muscle Tests: Hip flexion left-43.1 lbs., right 65.5 lbs, hip abduction left-42.6 lbs., right-49.2 lbs., knee flexion left-21.5 lbs., right-16.5 lbs., knee extension left-21.7 lbs., right-25.2 lbs., ankle plantar flexion left-26.0 lbs., right-33.8 lbs., foot dorsiflexion/inversion left-21.6 lbs., right-35.9 lbs.

05-22-14: Office Visit Report. The claimant c/o left leg pain and weakness. Assessment: 4/5 left anterior tibialis and EHL, 5/5 strength RLE, Tension sign positive on the left side only and no hyperreflexia. Plan: Recommend a new MRI of the lumbar spine without contrast, added Cyclobenzaprine and Norco.

06-02-14: URA. Rationale: The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. According to the Official Disability Guidelines, repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neural compression, recurrent disc herniation). Given the patient underwent an MRI of the lumbar spine in 2012, the documentation failed to provide any red flags or significant change in symptoms and/or findings suggestive of significant pathology. Therefore, the request is not supported. Given the above, the request for a repeat MRI of lumbar spine without contrast is non-certified.

07-07-14: URA. Rationale: An appeal request for a repeat MRI of the lumbar spine without contrast is made. The previous request was non-certified based on the grounds that the documentation failed to provide any red flags or significant change in symptoms and/or findings suggestive of significant pathology. There was no updated documentation submitted for review. The referenced guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The records submitted failed to show that the patient has worsening

lumbar condition to substantiate the requested repeat MRI study. The findings noted in the recent evaluation were unchanged from prior office visits. With these reasons, the medical necessity of the requested repeat MRI of the lumbar spine without contrast is not established in agreement with the previous determination.

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

The previous adverse determinations are upheld. No new information was provided for this review. There are no significant changes that would indicate further testing for a new diagnosis. According to the Official Disability Guidelines, repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Therefore, a repeat MRI of the lumbar spine without contrast is not indicated.

Per ODG:

Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit.
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient

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 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)**