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Notice of Independent Review Decision

DATE OF REVIEW: 1/21/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Lumbar MRI with and without contrast.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery.

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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of Lumbar MRI with and without contrast.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):

Records reviewed:

Pre-Authorization Request- 1/2/2014

Progress Notes-m10/29/2013, 12/23/2013

Visit Summary- 2/18/2013, 5/20/2013, 9/9/2013

Consultation- Radiology- 5/23/2010

Records reviewed from Healthcare:
Adverse Determination-11/1/2013
Claim Evaluation- 11/1/2013, 12/17/2013
Appeal/Reconsideration Determination- 12/26/2013
Pre-Authorization Request- 11/21/2013

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Clinical records were reviewed. AP notes including from 12-23-13 revealed that the xx-year-old was noted to have ongoing and increased low back pain with radiation into both lower extremities. There is a history of prior back surgery and "failed back surgery syndrome" documented. The pain was noted to continue despite the ongoing prescription of multiple medications including narcotic analgesics. Examination findings reveal that there was a slow limping-associated gait. No other abnormal examination findings were noted. Prior records were also reviewed including an MRI report of the lumbar spine with/without contrast as of 5-23-10. The report revealed central canal stenosis at all 3-4 with anterior subluxation. Retained hardware was noted at that level and also at L4-5. Prior surgical changes were also noted. Multilevel degenerative changes were also noted. Prior fusion was noted at L4-5. Denial letters were noted to reveal the lack of significant change in overall symptoms including any significant recent neurological or other lumbar spinal-associated issues on objective clinical exam. These opinions were appealed.

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

The most recent documentation does not evidence any significant overall progression of a combination of subjective and-or objective findings. There is a relative deficit of documentation of any significant abnormal (or normal) findings at the lumbar spine including with regards to the neurological examination clinically. With already established clinical and radiographic diagnoses (including to a degree based on the prior postoperative MRI scan), and, with a lack of documented significant progression of findings; the request is not considered medically reasonable or necessary as per the applicable ODG criterion referenced below.

Reference: ODG-Low Back Chapter

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)