

Clear Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Feb/03/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: MRI

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

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that the request for MRI is recommended as medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical note 11/13/07

MRI lumbar spine 11/13/07

Clinical note 06/05/13

Clinical note 10/02/13

CT scan lumbar spine 05/06/13

Adverse determinations 10/21/13 and 01/13/14

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who reported an injury to her low back. MRI of the thoracic spine dated 11/13/07 revealed a very mild kyphosis centered in the mid thoracic spine with small anterior osteophytes. No significant disc bulge, disc herniation, or neural foraminal encroachment was noted. No spinal stenosis was noted at any level. MRI of the lumbar spine dated 11/13/07 revealed a 1mm lateralizing disc bulge at L3-4. A 1.5mm lateralizing disc bulge was noted at L4-5. A 2.5mm broad based disc protrusion was noted at L5-S1 minimally contacting the anterior thecal sac without displacement of the S1 neural element. No focal herniation or central spinal canal stenosis was noted at any level. CT scan of the lumbar spine dated 05/06/13 revealed degenerative disc disease with circumferential disc bulges at L2-3, L3-4, and L4-5 and L5-S1. Herniated nucleus pulposus was noted on the right at L2-3 and on the left at L4-5 with a mild ventral impression on the thecal sac. Posterior disc bulges were also noted at L3-4 and L5-S1. Clinical note dated 06/05/13 indicated the patient rating her low back pain as 10/10. The patient underwent anti-inflammatory medications, muscle relaxers, narcotic pain medications, physical, and physical therapy. The patient also underwent chiropractic manipulation and relaxation training. Upon exam the patient demonstrated upwards of 40 degrees of lumbar flexion with 10 degrees of extension. Pain was elicited in both ranges. The patient had positive Faber test bilaterally. No reflex deficits were noted. The patient had paresthesia in the anterior, medial, and lateral thighs and shins and feet bilaterally. Strength was 4/5 at the left calf muscle. Weakness was minimal with left leg extension. Clinical note dated 10/02/13

indicated the patient complaining of low back pain radiating to the lower extremities. Bilateral paraspinal pain was also noted in the lower thoracic spine radiating into the left anterior sternum. Severe pain radiated from the low back into the both buttocks and groin. Numbness was noted in the bilateral paraspinals of the lower thoracic spine radiating through the lumbar spine into the bilateral buttocks. Paresthesia continued at thighs, shins, and feet. Strength deficits continued at the calves calf muscle on the left. Utilization review dated 10/21/13 resulted in denial for MRI of the thoracic spine and lumbar spine as no clinical documentation was submitted noting progressive neurological deficit or significant changes in symptoms. Utilization review dated 01/13/14 resulted in denial as the findings were found to be non-specific in nature and did not correlate with any previous MRI findings.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: Clinical documentation submitted for review notes the patient complaining of low back pain radiating to the buttocks. The patient also had complaints of paresthesia and strength deficits in the left lower extremity. Furthermore the patient also has thoracic involvement particularly at the anterior sternum. Official Disability Guidelines recommend MRI of the thoracic spine and lumbar spine provided that the patient meets specific criteria, including neurological deficits noted by exam. Given the significant findings involving thoracic spine with pain radiating and findings associated with the sternum and complaints of numbness in the lower thoracic spine this request is reasonable. Additionally the patient has significant findings of weakness in the left calf and paresthesia throughout the left lower extremity therefore the request for lumbar MRI is reasonable. As such it is the opinion of this reviewer that the request for MRI is recommended as medically necessary.

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)