

# Independent Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Dec/12/2013

**IRO CASE #:**

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

Lumbar MRI without contrast

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

Board Certified PM&R  
Board Certified Pain 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)

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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
MRI lumbar spine 11/20/09  
Clinical notes 01/20/10  
Clinical notes 05/18/10  
Clinical notes 06/09/11  
Clinical notes 08/23/11  
Clinical notes 10/04/11  
MRI cervical spine 10/20/11  
Clinical notes 02/07/12  
MRI cervical spine 09/20/12  
Clinical notes 03/29/13  
Clinical notes 08/02/13  
Clinical notes 09/04/13  
Therapy notes 08/19/13  
Therapy notes 08/28/13  
Therapy notes 09/03/13  
Clinical notes 09/13/13  
Clinical notes 10/02/13  
Adverse determinations 10/14/13 and 11/15/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who reported an injury to her neck and low back. MRI of the lumbar spine dated 11/20/09 revealed mild to moderate right disc space narrowing at L2-3. Moderate to severe right lateral disc space narrowing was noted at L3-4 moderate to severe right sided disc space narrowing was noted at L4-5. Moderate disc space narrowing was noted at L5-S1. Clinical note dated 01/22/10 indicated the patient previously undergoing functional capacity evaluation. The patient utilized muscle relaxers for ongoing pain relief and hydrocodone and ibuprofen. The patient was recommended for a course of work conditioning. Clinical note dated 02/07/13 indicated the patient having developed chronic low back pain syndrome following an injury on xx/xx/xx. The patient underwent two breast surgeries for spontaneous hematomas around the former breast implant site. The patient had an infection thereafter and was treated. Upon exam tenderness was noted across the lumbosacral spine. No reflex, sensory, or strength deficits were noted. Dysfunctional movements were noted with guarding with full flexion extension of the lumbar spine. Clinical note dated 03/29/13 indicated the patient complaining of 9/10 pain. The patient utilized oxycodone with some benefit. Upon exam tenderness was noted on the lumbar paraspinal musculature. Range of motion restrictions were noted. The patient was neurologically intact. Clinical note dated 08/02/13 indicated the patient previously undergoing intramuscular injections. The patient continued to rate her pain as 9/10. Therapy note dated 09/03/13 indicated the patient completing three physical therapy sessions to date. Clinical note dated 09/13/13 indicated the patient utilizing duragesic patches. Clinical note dated 10/02/13 indicated the patient continuing with tenderness in the lumbar paraspinal musculature. Strength was decreased in the hips and knees bilaterally. Utilization review dated 10/14/13 resulted in denial for repeat MRI as no clear evidence was submitted regarding any progressive neurological deficits. Utilization review dated 11/15/13 resulted in denial for repeat MRI as no new changes were noted with the clinical presentation.

**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 long history of low back pain. Repeat MRI would be indicated provided that the patient meets specific criteria, including progressive neurological symptoms indicating a change in the pathology. Clinical notes indicated the patient developing weakness in the hips and knees bilaterally. Given the new findings of low back pain with associated weakness in the hips and knees this request is reasonable. As such, it is the opinion of this reviewer that the request for a lumbar MRI without contrast is recommended as medically necessary.

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

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**