

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Dec/10/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI lumbar spine without contrast

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

Neurosurgeon

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

X-ray right elbow 05/05/11

X-ray cervical spine 05/05/11

CT scan brain 05/05/11

Clinical note 05/10/11

Clinical note 05/17/11

Clinical note 06/07/11

Clinical note 06/21/11

Clinical note 07/07/11

Clinical note 07/18/11

Clinical note 07/25/11

MRI cervical spine 06/13/11

MRI lumbar spine 06/13/11

Procedure note 08/03/11

Clinical note 08/18/11

Clinical note 09/01/11

Clinical note 09/02/11

Clinical note 09/21/11

Clinical note 10/04/11

Clinical note 10/10/11

Clinical note 10/22/11

Clinical note 10/29/00

Clinical note 10/22/12
Clinical note 10/29/12
Clinical note 11/28/12
Clinical note 01/11/13
Clinical note 01/03/13
Physical therapy note 02/21/13
Clinical note 03/04/13
Clinical note 03/27/13
Procedure note 01/23/13
Clinical note 03/08/13
MRI lumbar spine 04/16/13
MRI cervical spine 04/16/13
Clinical note 04/05/13
Clinical note 04/16/13
Clinical note 05/07/13
Clinical note 05/10/13
Clinical note 05/24/13
Operative note 05/29/13
Clinical note 05/27/13
Clinical note 06/14/13
Clinical note 07/19/13
Clinical note 07/20/13
Therapy note 06/24/13
Clinical note 07/01/13
Clinical note 07/11/13
Therapy note 07/30/13
Clinical note 08/13/13
Therapy note 09/12/13
Clinical note 10/11/13
Clinical note 10/25/13
Clinical note 11/05/13
Clinical note 11/13/13
Previous adverse determinations 10/31/13 and 11/04/13 and 11/08/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury on xx/xx/xx when he was involved in a motor vehicle accident. Clinical note dated 05/10/11 indicated his vehicle had been struck by another vehicle from the passenger side. The patient was a seat belted driver. There was airbag deployment. The resultant accident indicated the patient complaining of headaches, neck pain, low back pain, and right elbow pain. The patient rated the pain as 10/10. The patient underwent administration of IV morphine, Robaxin, Indocin, and splinting. MRI of the lumbar spine dated 06/13/11 revealed slight disc bulge at L3-4 indenting the thecal sac along with mild bilateral neural foraminal narrowing. Disc herniation was noted at L4-5 which impinged on the anterior thecal sac leading to mild inferior bilateral neural foraminal narrowing. Clinical note dated 10/22/12 indicated the patient continuing with complaints of low back pain low back and neck pain. Procedure note dated 01/23/13 indicated the patient undergoing epidural steroid injections on the right at L4-5 and L5-S1. MRI of the lumbar spine dated 04/16/13 revealed a retrolisthesis at L4-5 and L5-S1 with displacement by 4mm and 3mm respectively. Disc herniations were also noted at L3-4 by approximately 2.5mm on both sides. Narrowing of the spinal canal and bilateral neural foramina was noted at L4-5. Mild narrowing of the spinal canal and bilateral neural foramina was noted at L5-S1. Clinical note dated 05/07/13 indicated the patient continuing with neck pain and low back pain. The patient reported moderate improvement. The patient was utilizing Flector patches, vicodin, and Neurontin. Clinical note dated 05/24/13 indicated the patient complaining of right lower extremity weakness. The patient stated the leg felt as if it was going to give out on him. The patient also had balance issues. Numbness was noted in the right lower extremity and testicles. Clinical note dated 06/14/13 indicated the patient complaining of swelling in the lower extremities. Swelling occurred after taking medications with improvement on the second and third day. Clinical note dated 07/19/13 indicated the patient rating his pain as 5-

7/10. The patient stated the pain was affecting his sleep. The patient was able to complete his activities of daily living independently. The patient had 5/5 strength at the lower extremities. Pain was elicited with both flexion and extension in the lumbar spine. Reflexes were 2+, equal, and symmetric. No sensory deficits were noted. Clinical note dated 10/11/13 indicated the patient undergoing x-rays of the lumbar spine revealing no significant changes. The patient had grade 1 anterolisthesis of L5 on S1. Loss of vertebral intervertebral disc height was noted at L5-S1. Clinical note dated 11/13/13 indicated the patient rating his pain as 6/10. Utilization review dated 11/04/13 resulted in a denial for MRI of the lumbar spine as no information was submitted indicating progressive neurological deficits or significant changes in symptoms in comparison to previous MRI on 04/16/13. Clinical note adverse utilization review dated 11/08/13 resulted in a denial as no information was submitted regarding progressive symptoms.

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 ongoing low back pain. Repeat MRI of the lumbar spine would be indicated provided that the patient meets specific criteria, including significant changes in pathology symptomology or pathology indicating progressive neurological deficits. No information was submitted regarding the presentation indicating progressive nature of symptoms. Additionally no pathology was noted in the documentation warranting a repeat MRI of the lumbar spine at this time. As such, it is the opinion of this reviewer that the request for an MRI of the lumbar spine without contrast is not recommended as medically necessary.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES