

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jun/30/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI without contrast to the lumbar spine

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

Board Certified PM&R

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx. The patient was seen on . Per the history, prior treatment has included epidural steroid injections which would last anywhere between 2 and 5 years. Medication history included the use of Ambien, Mobic, and Norco for pain. Physical examination was limited to vital signs. Medications were continued at this visit. The patient was seen for follow up on 01/22/14. The patient described a flare up of symptoms after pulling boxes out of storage. The patient denied any lower extremity symptoms in conjunction with her recurrence of low back pain. Physical examination was again limited. There was tenderness reported in a left gluteal region. The patient was prescribed Elavil and continued on Ambien, Mobic, and Norco. There was consideration for a Suboxone program. Follow up on 03/19/14 indicated the patient continued to have complaints of low back pain which ranged from 3-8/10 on the VAS. Physical examination noted tenderness in the left lumbosacral area as well as over the left medial gluteal area. Straight leg raise was reported as positive to the left side. Medications were continued at this visit and there were recommendations for MRI studies of the lumbar spine. The patient was seen on 04/17/14 with persistent complaints of pain in the low back. No clear symptoms in the lower extremities were reported. The patient's physical examination noted intact strength, reflexes, and sensation in the lower extremity. Straight leg raise signs were still reported as positive to the left and there was pain in the lumbar spine on range of motion including flexion and extension. MRI studies were again recommended for the lumbar spine.

The requested non-contrast MRI of the lumbar spine was denied by utilization review as there was no evidence for progressive neurological deficit.

The request was again denied by utilization review on 04/25/14 as there was no evidence regarding any specific nerve root involvement to include loss of the relevant reflexes or specific muscle weakness.

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

The patient has been followed for a chronic history of low back complaints that were recently exacerbated due to activity. The patient continued to report severe low back pain despite the use of multiple medications. The patient's physical examination findings did not identify any red flags or evidence of progressive/severe neurological deficit in the lower extremities. This would include reflex changes, motor weakness, or sensory deficits. None of the patient's prior imaging for the lumbar spine was available for review. Given the absence of any clear progressive or severe neurological deficit on physical examination, guidelines would not support updated MRI studies of the lumbar spine in this case. Guidelines do recommend that there be evidence of progressive or severe neurological deficit or other red flag findings to warrant imaging of the lumbar spine including MRI. As this was not indicated in the clinical documentation provided for review, it is this reviewer's opinion that medical necessity is not established at this time and the prior denials are upheld.

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