

Maturus Software Technologies Corporation
DBA Matutech, Inc

881 Rock Street
New Braunfels, TX 78130
Phone: 800-929-9078
Fax: 800-570-9544

Notice of Independent Review Decision

July 9, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar magnetic resonance imaging without contrast

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

Board Certified Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is female who had an acute onset of neck pain and lower back pain after she fell at work on xx/xx/xx.

Per an outpatient outcome evaluation dated xxxxx, the patient was utilizing Flexeril and hydrocodone. The patient had sustained a fall on xx/xx/xx.

On September 10, 2012, evaluated the patient for ongoing back and neck pain for one to three months. The patient reported that after the fall, she went to the emergency room (ER) and had x-rays and pain medications. She was told she had no fracture and was sent home. The patient complained of neck stiffness and

severely restricted range of motion (ROM) of her neck. She also complained of lower back pain. The pain was worse with walking, bending, standing or doing any kind of motion. She stated that hydrocodone made her nauseated in the ER. The Flexeril was helping. On examination, the cervical ROM was painful at 75% of normal in all planes. Paravertebral muscles were tender bilaterally. The lumbar ROM was restricted in all ranges of motion at 75% with pain. X-rays of the cervical spine showed disc space narrowing at C5-C6 and C6-C7. X-rays of the lumbar spine showed disc space narrowing at L5-S1 with facet hypertrophy. diagnosed acute onset of neck pain and low back pain without any radicular signs symptoms or motor deficit started after a fall at work on xx/xx/xx. prescribed Synthorid, calcium, Medrol Dosepak, Mobic, Flexeril and physical therapy (PT).

On September 24, 2012, the patient continued to have ongoing issues of neck and low back pain. She reported that her neck pain was better. recommended re-ordering PT and core strengthening exercises and placed her off work until she got PT.

On June 25, 2013, the patient returned with worsening of pain. Examination revealed painful cervical ROM at 25% of normal in all planes. X-rays of the lumbar spine showed disc space narrowing at L5-S1 with facet hypertrophy. diagnosed chronic low back pain without radicular signs and symptoms or motor deficit starting from fall after work on xx/xx/xx, not better. PT was ordered and the patient was recommended to continue current treatment plan.

Per an outpatient outcome evaluation dated November 20, 2013, the patient reported her pain to be moderate in the neck and low back.

On November 21, 2013, noted that the PT kept getting denied. The patient complained of ongoing back pain. On examination, the thoracic spine was tender on the right. The patient was prescribed Zanaflex, etodolac and recommended to return in six weeks.

On May 12, 2014, the patient continued with neck and back pain. recommended continuing current plan of treatment. Nabumetone and Ultracet were added to the regimen. An MRI of the lumbar spine without contrast was recommended.

Per Scripts of Orders dated May 14, 2014, prescribed MRI of the lumbar spine.

Per utilization review dated May 19, 2014, the request for MRI of the lumbar spine without contrast was denied with the following rationale: *“The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. The patient is a female who reported an injury on xx/xx/xx. The mechanism of injury was noted to be a fall. She was diagnosed with chronic low back pain. Her current medications were noted to include Zanaflex 4 mg three times a day as needed, Ultracet four times a day as needed, Relafen 750 mg twice a day, etodolac 400 mg twice a day and Ultracet 37.5/325 mg four times a day as needed. Diagnostic studies included x-rays of the lumbosacral spine performed on September 24, 2014, which were noted to reveal disc space*

narrowing at L5-S1 with facet hypertrophy. Other therapies were noted to include pain medication, muscle relaxants, physical therapy, and home exercises. On May 12, 2014, the patient was seen for follow up regarding her lumbar spine pain. She denied radiating symptoms into her lower extremities. Her physical examination findings included painful and restricted lumbar range of motion, nontender spinous processes and paravertebral muscles, negative straight leg raising and normal motor strength and sensation in the bilateral lower extremities. A recommendation was made for an MRI of the lumbar spine. According to the Official Disability Guidelines, MRIs are the test of choice for patients with prior back surgery, but are not recommended until after at least one month of conservative therapy for patients with uncomplicated low back pain and evidence of radiculopathy, and they are only recommended sooner if documentation shows evidence of severe or progressive neurological deficits. In addition, the guidelines indicate that MRIs may be recommended for patients with uncomplicated low back pain when there is suspicion of red flags or cauda equina syndrome. The clinical information submitted for review indicates that the patient does not have a history of low back surgery, is neurologically intact, and has not been shown to have evidence of cauda equina syndrome or red flags. Therefore, the patient does not meet the criteria for an MRI at this time. As such, the request for an MRI lumbar spine without contrast is non-certified.”

Per reconsideration review dated June 12, 2014, the appeal for request for MRI of lumbar spine without contrast was denied with the following rationale: *“The patient is a female who sustained an injury on xx/xx/xx when she fell. The patient is diagnosed with chronic low back pain, and osteoarthritis and degeneration of lumbar or lumbosacral spine. An appeal request is made for MRI of the lumbar spine without contrast. The previous request was denied because the clinical information submitted for review indicates that the patient does not have a history of low back surgery, is neurologically intact, and has not been shown to have evidence of cauda equina syndrome or red flags. Prior conservative treatment includes formal physical therapy, home exercise program and medications. X-rays of the lumbosacral spine dated September 24, 2012, revealed disc space narrowing at L5-S1 with facet hypertrophy. The medical report dated May 12, 2014, states that the patient has lumbar spine pain. She denied radiating symptoms into her lower extremities. Her physical examination findings included painful and restricted lumbar range of motion, nontender spinous processes and paravertebral muscles, negative straight leg raising test, normal motor strength and normal sensation in the bilateral lower extremities. Medications include Zanaflex, nabumetone, Ultracet, Relafen and Etodolac. An updated medical report addressing the issues of the previous determination was not submitted for review. The medical information submitted for review still did not indicate any presence of red flags or severe or progressive neurologic deficits are significant change in symptoms and/or findings to warrant the medical necessity of the imaging modality. In agreement with the previous determination, the medical necessity of the request has not been established. Determination Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified.”*

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

Based on the records available for review there is no evidence of neurologic deficits, cauda equina syndrome, infection or other conditions that would meet the ODG criteria for an MRI. Records indicate no radicular symptoms or neurologic deterioration and ODG states: Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation).

Imaging criteria includes:

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

This case does not meet any of the ODG criteria and therefore, the decision is upheld.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES