

# Applied Resolutions LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

June/23/2014

**IRO CASE #:**

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

MRI of the lumbar spine

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

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.**

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

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who reported an injury to his low back. The MRI of the lumbar spine dated 09/25/12 revealed an L5-S1 spondylolisthesis associated with degenerative disc and facet joint disease. Mild stenosis as well as moderate to severe neuroforaminal narrowing was also identified, greater on the left side. The procedural note dated 12/20/13 indicates the patient undergoing a radiofrequency neurotomy at L3 through L5 bilaterally. The procedural note dated 06/11/13 indicates the patient undergoing an epidural steroid injection on the left at L5. The clinical note dated 04/18/13 indicates the patient reported a 70-80% relief of pain following the epidural injection. The patient continued with complaints of 4/5 strength at the left EHL as well as 4+/5 strength at the tibialis anterior on the left. Decreased sensation was confirmed over the L5 distribution on the left. Reflex deficits were also identified at the left ankle. The clinical note dated 10/18/13 indicates the patient continuing with low back complaints. The clinical note dated 02/03/14 indicates the patient continuing with radiating pain from the low back into both lower extremities. There is an indication the patient is showing reflex deficits at the patella on the left as well as trace reflexes at the Achilles. Reflex deficits were also identified on the right as well. The clinical note dated 03/14/14 indicates the patient having undergone several epidural steroid injections which did provide 50% relief of pain.

The previous utilization reviews dated 04/07/14 and 05/23/14 resulted in denials as no information had been submitted regarding the patient's progressive neurological deficits.

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

The documentation indicates the patient complaining of ongoing low back pain with associated reflex and strength deficits identified in the lower extremities. A previous MRI was completed of the lumbar spine. A repeat MRI would be indicated provided the patient meets specific criteria to include significant changes in the patient's pathology or symptomology. No information was submitted regarding the patient's significant changes in the symptomology outside of the L5-S1 distribution. No information was submitted regarding the patient's clinical exam findings indicating significant changes in the pathology. The previous MRI revealed significant findings at L5-S1. However, no information was submitted regarding the patient's significant changes warranting a new MRI. As such, it is the opinion of this reviewer that the request for an MRI of the lumbar spine 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**