

Health Decisions, Inc.

**4517 Coconino Court
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Notice of Independent Review Decision

Original May 13, 2014, Amended June 2, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Magnetic Resonance Imaging of the Lumbar Spine Without Contrast as Outpatient

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

An American Board Certified Orthopaedic Surgeon with over 42 years of experience

REVIEW OUTCOME:

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

Upheld (Agree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured her low back while at work on xx/xx/xx. The claimant states she had fallen in a hole injuring her right hip, knee and back. The claimant has been treated with tramadol, cyclobenzaprine and multiple other medication, as well as at least 10 sessions and ongoing PT. The claimant denies any relief provided by any therapy or medication at this time.

01-13-14: History and Physical. The claimant presents with pain in her right hip and knee and lumbar spine. She has had 3 separate injury reports, all involving the same parts and all treated under different claims. Upon ROS, she admits

joint, knee, hip and back pain. Upon examination, L-spine has palpable tenderness centrally, but good ROM and weight bearing on either foot. Right hip has increased pain with int/ext rotation and weight bearing. Right knee has no crepitus, joint line tenderness or joint laxity, Thessaly (-). Assessment: Lumbar Sprain/Strain, Sprain of Hip and Thigh, Sprains and strains of knee and leg; unspecified site of knee and leg. Plan: Prescribed Tramadol and Naprosyn and order x-rays of 2 views hip and knee.

01-21-14: History and Physical. The claimant is here for a physical therapy initial evaluation of the right knee, hip and lumbar pain. States pain is 7/10 at this time and has been experiencing localized swelling, pain and decrease ROM. The claimant reports that her back and hip pain are worse at night and she has numbness to her hands and fingers. Upon ROS, has joint pain, limitation of motion, back, knee and hip pain. Upon examination, the claimant's spine has positive Waddell's sign, MOD TTP over L3-5 erector spinae; increase lumbar lordotic curve. Right Lower Extremity: MOD TTP over PSIS; and medial knee joint line; hip and knee ROM WNL. Neurologic: Motor Examination: RLE Strength: hip 4/5, knee 4/5, LLE Strength: hip 4/5; knee 4/5. Gait and Station: Antalgic gait, decreased cadence. Lumbar: Flex 75%, EX 75%, RSB 75%, LSB 75%. Assessment: lumbar/hip/knee strain/sprain with have resulted in ROM, strength and functional deficits. Plan: Requesting 10 PT visits over 4 weeks.

01-23-14: History and Physical. The claimant presents with injury involving the right knee, hip and lumbar and states pain 8/10. The claimant is also experiencing localized swelling, pain, decrease ROM with no improvement and continues to have lumbar pain that radiates down to the right knee and leg. Would like the claimant to get a few PT sessions out of the way before we make any tx changes.

01-29-14: History and Physical The claimant presents with pain 10/10 to her lumbar, right hip and knee with no improvements. Plan: Order Lumbar MRI.

01-31-14: Progress Note. The claimant presents with right hip pain that radiates to RLE and states pain is 6/10. Upon examination, RLE: MOD TTP over PSIS/j R piriformis region. Knee: Positive Drawer. Assessment: The claimant has MOD TTP over right piriformis region.

02-06-14: URA. Rationale: ODG treatment guidelines support the use of MRI imaging for the lumbar spine in certain settings of uncomplicated acute and sub-acute low back pain in the presence of "red flags", cauda equine syndrome, or radiculopathy that has not responded to conservative treatment after 30 days and with evidence of neurological deficit. When noting the most recent progress note indicates only subjective evidence of a radiculopathy and no evidence of a focal neurological deficit on physical examination, and conservative treatment has only recently been initiated, then there is no clinical indication to proceed with an MRI at this time. Therefore, this request is not certified.

02-17-14: History and Physical. The claimant presents today with c/o continuing pain in the lumbar region that radiates down to right hip, knee and leg. She states pain 7/10 and PT is helping, but it makes her very sore. Upon examination, L-spine has palpable tenderness centrally, but good ROM and weight bearing on either foot. Plan: Follow up when PT is complete.

02-25-14: History and Physical. The claimant presents today with no change in pain and rates it 6/10. Assessment: The claimant will continue with PT, but an MRI is warranted in order to r/o any musculoskeletal or non-musculoskeletal pathology.

03-06-14: URA. Rationale: The request is for an MRI of the lumbar spine without contrast as an outpatient. I have not been able to determine the medical necessity of this request. At this point the only complaint is low back pain and there is only tenderness in the lumbar spine. This does not meet the guidelines. Therefore, the request is recommended for non-certification.

03-18-14: Progress Note. The claimant presents with pain that radiates from the low back to the posterior right thigh to the knee. The injury includes the low back and right foot with minimal soreness to the right foot. She rates her pain of hip 5/10, back 6/10 and knee 4/10. Upon examination, she has palpable midline lumbar pain, hypertonicity is present bilaterally. Neurological: lower extremity reflexes are equal and brisk, sensation is intact to lumbosacral dermatomes bilaterally. Muscle Grading: muscle strength is 5/5 on left, 4/5 throughout right. ROM: flexion is 70, extension is 15 with pain. Orthopedic Maneuvers: SLR is positive on the right 60 degrees. Treatment: 1. Lumbar strain: start Tramadol HCL and order MRI without contrast for right sided radiculopathy.

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

The previous determinations are being upheld. The physical records reviewed do not show an indication for an MRI of the claimant's lumbar spine. There are no neurological abnormalities indicated. Generalized right leg weakness is not a positive finding since it is not an indication of a specific nerve involvement. The claimant's condition does not meet ODG guidelines for a lumbar MRI. Therefore, this request is non-certified.

PER ODG:

Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit
- 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

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**