

# Pure Resolutions LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

May/29/2014

**IRO CASE #:**

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

MRI L-Spine without contrast

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

Board Certified Orthopedic Surgery  
Fellowship Trained Spine 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)

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

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who reported an injury to his low back. MRI of the lumbar spine dated revealed a disc herniation from L2-3 through L5-S1. Disc extrusion was also identified at L4-5. Mild spinal canal stenosis with mass effect on the right L5 nerve root was also revealed. Moderate bilateral neural foraminal narrowing was identified at L2-3 and L3-4 with mild bilateral neural foraminal narrowing at L4-5. Grade 1 anterolisthesis was identified at L5-S1 with bilateral L5 spondylolysis. Clinical note dated 03/21/14 indicated the patient rating his low back pain as 7-9/10. The patient stated he was experiencing 80% low back pain and 20% lower extremities pain. The patient also had reports of the patient also reported numbness and tingling in bilateral lower extremities. The patient previously underwent physical therapy and two epidural steroid injections which provided no significant long term benefit. No strength deficits were identified. Reflexes were absent at the posterior tibialis with reflex deficits in both Achilles. The patient had positive straight leg raise on the right. Clinical note dated 04/21/14 indicated the patient continuing with stabbing pain rated as 4-8/10. Radicular symptoms were constant in the lower extremities and intermittent findings were identified in the left lower extremity. Clinical note dated 05/05/14 indicated the patient showing strength deficits at the right EHL. Reflex deficits continued at the posterior tibialis bilaterally and both Achilles. Utilization review dated 04/04/14 resulted in a denial as no information was submitted regarding neurological deficits. Utilization review dated 04/22/14 resulted in denial as no objective findings confirming neural compromise neurological compromise were submitted.

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

The clinical documentation indicates the patient complaining of low back pain with associated strength and reflex deficits in the lower extremities. The patient has undergone physical therapy and two epidural steroid injections. The clinical exam indicates the patient demonstrating strength deficits at the right EHL which is identified as a new development. Given the significant radiculopathy confirmed by clinical exam and taking into account the previous attempts of conservative treatments, this request is reasonable. As such, it is the opinion of this reviewer that the request for MRI of the lumbar spine without contrast is recommended as medically necessary.

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

ACOEM-AMERICA 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)