

DATE: 03.25.14

Notice of Independent Review

DATE NOTICE SENT TO ALL PARTIES: 03.24.14

IRO CASE #:

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

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering chronic low back pain

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar spine MRI scan with and without contrast (72158)

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)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
<i>Lumbago</i>			<i>Prosp.</i>				<i>Xx/xx/xx</i>		<i>Overturn</i>

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a female who suffered an injury on xx/xx/xx. The mechanism of injury to her low back is not described in the clinical records. The claimant has undergone a lumbar fusion at levels L4-L5 and L5-S1 with a left lumbar laminectomy. She underwent a prior MRI scan on 10/24/01, which revealed a mild disc bulge at L5-S1 and no disc herniation or recurrence, and postoperative changes at L5-S1 status post left laminectomy. Clinical notes from indicate that the claimant has progressed in her severity of painful symptoms. She has further had progression over time, including more definite and more severe quadriceps weakness, as well as weakness of hip flexors and extensors. The clinical note dated 04/30/13 indicates that the claimant now has intractable low back pain and leg pain. Her Achilles reflex is now diminished and there is tenderness in the lumbar spine region. A request was made for a repeat MRI scan with and without contrast.

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

This claimant has been treated for chronic low back pain for a prolonged period of time. She chronically utilizes Duragesic patches, Norco, and Lyrica. There have been efforts to modify her pain medication dosage; however, she has been on chronic addictive pain medication for a prolonged period of time. She is being considered for further management of her chronic pain and has demonstrated worsening of symptoms with progression of physical findings. Under such circumstances, a repeat MRI scan is appropriate and recent denials of this request should be overturned.



INDEPENDENT REVIEW INCORPORATED

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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)