Health Decisions, Inc.

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Notice of Independent Review Decision

August 26, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar MRI without Contrast, Thoracic MRI without Contrast

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 40 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.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a female who was injured at work on xx/xx/xx. She was diagnosed with back pain. She has tried ESI, PT and pain medications with no relief.

02-26-09: Follow Up Office Visit. The claimant c/o low back pain. Plan: Recommend MRI and adding Lyrica and increasing Norco 10.

03-18-09: Follow Up Office Visit. The claimant c/o and increase rather than decrease in her low back. Plan: Recommend MRI.

04-07-09: MRI of the Lumbar Spine without Contrast. Impression: 1. There are extensive postoperative changes in the lower thoracic and lumbar spine. There appear to be bilateral pedical screws from T10 to L2. Decompressive laminectomies have been performed at many levels. There is diminished disc space height and signal throughout the visualized portion of the lower thoracic

and lumbar spine. Minimal irregularity of the posterior superior endplate of L1 is noted to the left of midline. No retropulsion is evident. Clinical significance of this is questionable. There is no significant loss of vertical body height. 2. There is evidence of anterior interbody fusion with grafts in place at least at the lower four lumbar levels. Decompressive laminectomies have been performed at least from L1 through L3. There is probable laminotomy defect on the left at L4-5 and on the right at L5-S1. There is no significant central or foraminal stenosis at these levels. There is no focal mass effect on the nerve roots. There is no obvious central or foraminal stenosis. 3. There is no critical central or foraminal stenosis at any lumbar level. The conus is unremarkable.

04-10-09: Follow Up Office Visit. The claimant is following up after her MRI. She c/o pain in her low back but, mostly into the leg. Using Norco for pain, could not tolerate Lyrica. Plan: Recommend spinal cord stimulator trial.

07-20-09: Procedure Report. Preop Dx: Chronic low back and radicular pain syndrome. Postop Dx: Chronic low back pain and radicular pain syndrome. Operative Procedure: Spinal cord stimulator trial attempt x 2 leads. Attempt failed after several attempts unable to place left sided lead d/t scar tissue.

07-30-09: Follow Up Office Visit. The claimant c/o significant pain in low back and down into her legs. She has had previous surgery to correct a kyphotic deformity in her spine.

05-18-10: Follow Up Office Visit. The claimant is c/o some upper lumbar symptoms d/t yard work. Upon examination, she has 5/5 strength bilaterally. Sensation grossly intact. Reflexes and pulses equal bilaterally. Negative seated SLR. Impression: S/p posterior spinal fusion. Plan: Recommend physical therapy for her lumbar region.

07-10-14: Office Visit Report. The claimant c/o pain, numbness and tingling into her left hip and leg. She was last seen by us in 2010. The claimant states her pain and symptoms have remained constant. She has great difficulty standing, walking, rising from a chair and physical activity. Upon examination, she demonstrates a normal gait pattern. Upper and lower extremity motor strength grade testing is 5/5. There is significant spinal tenderness in the paraspinal muscles. Reflexes in upper and lower extremities are normal 2/4. The claimant demonstrates poor ROM with flexion, extension, side bending and rotation. Spinal motion is with pain. X-ray, AP, lateral flexion extension views: flat back deformity on the position of her spine where it is unclear instrument, and in the lumbar spine. Above the instrumentation she has kyphosis over. Assessment: The claimant has low back pain secondary to flat back deformity and lumbar spine in the portion that is uninstrumented. There is also a solid fusion of the lumbar spine. Plan: Recommend an MRI and start physical therapy program. Also, new medication given Gabapentin and Hydrocodone.

07-25-14: URA. Rationale: Recommend adverse determination. There is no ODG support for repeat imaging in a patient who has a multilevel fusion and

whose complaints and examination findings are unchanged and who has normal neurological examinations without findings of lumbar radiculopathy in 2014 and also 2010. There has been no change in symptoms or findings suggestive of significant pathology. Peer to peer contact was not successful.

08-04-14: URA. Rationale: The appeal request for lumbar MRI without contrast and thoracic MRI without contrast is not recommended as medically necessary. The most recent clinical note is dated 07-10-14 and examination on this date does not reveal any findings suggestive of significant pathology; progressive neurologic deficit; or significant change in symptoms since her next most recent exam which is dated 05-18-10. The patient had an MRI of the lumbar spine on 04-07-09 which revealed postoperative changes but no other clearly significant findings. Based on the information provided, this request does not meet the criteria as outlined by ODG for repeat MRI. Medical necessity for lumbar MRI without contrast and thoracic MRI without contrast is not recommended. Peer to peer was unsuccessful.

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

The previous adverse determinations are upheld. The claimant's neurological complaints and exam have not changed since 2010. No new or worsening physical conditions are noted. There is no history consistent with neurogenic claudication. ODG guidelines do not support an MRI of thoracic or lumbar spine. Therefore the request for a lumbar MRI without contrast and a thoracic MRI without contrast is denied.

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)**