

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Aug/20/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI lumbar without contrast

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

Board Certified Orthopedic Surgeon

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx. The patient fell landing on the right buttock and hip. The patient described severe constant pain and discomfort in the right hip and low back. MRI of the hips on 09/26/13 noted modest chondromalacia in the hips bilaterally. MRI of the lumbar spine noted diffused disc bulging at L4-5 with disc protrusion asymmetric to the left resulting in moderate neural foraminal compromise to the left side. There was moderate facet arthropathy. At L5-S1 there was a disc protrusion contacting the thecal sac and left S1 nerve root. Some facet arthropathy was seen with significant neural foraminal encroachment also noted to the right side. The patient was initially seen on 11/14/13 complaining of low back pain radiating to the right buttock. The patient reported minimal benefit from anti-inflammatories or oral steroids. The patient reported some relief with vicodin. Physical examination noted tenderness to palpation in the lumbar paraspinal musculature. There was also tenderness in the right sciatic notch. No motor weakness or reflex changes were identified. No sensory deficits were identified. The patient was referred for physical therapy and epidural steroid injections. The patient was referred for physical therapy and received one epidural steroid injection. Follow up on 04/10/14 noted no relief with epidural steroid injection. The patient described worsening symptoms with more pain to the lumbar spine radiating to the lower extremities with associated numbness and tingling at the right foot. On physical examination straight leg raise signs were positive in bilateral lower extremities. There was no evidence of motor deficit sensory changes or reflex changes. Repeat MRI of the lumbar spine was ordered at this visit. Follow up on 05/08/14 noted continuing pain in the lower extremities and numbness and tingling in the right foot. On physical examination straight leg raise signs were continuing to be positive to the right.

There was no sensory loss or motor weakness. Reflex changes were not identified. Follow up on 07/03/14 indicated the primary symptoms were in the right lower extremity and low back with some milder left side symptoms. On physical examination there was a loss of sensation in L5 distribution with diminished reflexes and some right foot dorsiflexion and mild plantarflexion weakness. The requested non-contrast MRI of the lumbar spine was denied by utilization review on 06/09/14 as there was no evidence of any significant change on objective findings to support new MRI. The request was again denied by utilization review on 07/17/14 as there was no mention of any new red flags or new neurological deficits.

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

The patient has been followed for continuing complaints of low back pain with more severe right lower extremity symptoms reported in the most recent records. The patient has failed a reasonable course of conservative treatment including physical therapy and injections. The most recent clinical records did not identify a progressive right lower extremity neurological deficit with noted weakness on right foot dorsiflexion and plantarflexion and sensory loss with reduced reflexes. These findings were not noted in the initial evaluation provided. Given the evidence of a progressive neurological deficit involving the right lower extremity this would support new MRI of the lumbar spine as guidelines recommend repeat MRI for patients who exhibit progressively worsening or new neurological deficits. Therefore, it is this reviewer's opinion that the prior denials are overturned at this time as the requested MRI of the lumbar spine non-contrast is 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