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DATE: June 22, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI Lumbar without Contrast 72148, X-rays AP and Lateral Lumbar Spine with flexion/extension

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

The reviewer is certified by the American Board of Neurosurgery with over 23 years of experience.

REVIEW OUTCOME:

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

Overturned (Disagree)

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 male who injured his low back when he was "run over by a truck" while working on xx/xx/xx.

09/18/13: MRI lumbar spine without contrast report. IMPRESSION: Degenerative disc disease, osteoarthritis, spinal stenosis at L5-S1, and anterolateral and subarticular recess narrowing with nerve root impingement (upon the S1 and exiting L5 nerve roots).

11/26/14: The claimant was evaluated for an injury follow up. It was noted that he was upset because he was in pain and had not been able to get any of his referrals completed yet. There was note made of difficulty getting a pain specialist to take his insurance, and attempts were not successful at getting a physical therapy and neurosurgery consult. His medications included Flexeril 10 mg, hydrocodone 10/325 mg q. 6 hr., and Naprosyn 500 mg b.i.d. On exam, gait was limp, right side, non-weight bearing, and cane. He had muscle spasm in the lumbar spine. He had mild pain with ROM of the lumbar spine. He had right sacroiliac tenderness to palpation. Dorsalis pedis pulses were normal; no edema present. He had no sensory loss. ASSESSMENT/PLAN: Lumbago, other and

unspecified disc disorder of lumbar region, other specified idiopathic peripheral neuropathy. Repeat consult for neurosurgery and physical therapy, continue with pain specialist consult, refill pain meds.

01/26/15: The claimant was evaluated for medication refill. It was noted that he was to be scheduled to see a neurologist soon. He continued to have back pain. He reported that he pain was always there and the medications just made it tolerable. On exam, he had lumbar spine muscle spasm and moderate pain with motion. Dorsalis pedis pulses were normal. No edema was present. No sensory loss. ASSESSMENT/PLAN: Obesity unspecified, BMI 30-39, lumbago, other specified idiopathic peripheral neuropathy, chronic pain syndrome. Refill meds. Keep appointment with neurologist.

03/16/15: The claimant was evaluated. He complained of low back pain and leg pain since July 2013. It was noted that he was in a motor vehicle accident where a truck backed into him. He had pain in his low back and down his right leg. He stated that he had back pain down the back of his right leg, into his calf, down as far as his ankle, but nothing into his feet since July 2013. It was noted that he had undergone physical therapy but never did injections. He stated that the pain had waxed and waned but was currently worse than it was before over the last several months. He had tried heat, muscle relaxers, anti-inflammatories, and pain medicine. There was no documentation of previous surgery. On exam, height 5' 9", weight 210 lbs. Gait was antalgic. He had weakness in his right ankle with dorsiflexion. It was hard for him to heel and toe walk on the right side. Exam was difficult to discern due to pain level and pain with almost any movement in that side. ASSESSMENT: Lumbar radiculopathy, lumbar back pain. PLAN: Patient to get new MRI without contrast of the lumbar spine and x-rays upright AP and lateral with flexion and extension. Follow up in this office to review imaging with and next plan of action.

03/26/15: UR. RATIONALE: In regard to MRI lumbar without contrast, the previous MRI was not submitted for review. In addition, there was lack of documentation indicating significant neurological changes or changes in symptoms and findings suggestive of significant pathology. In regard to x-rays AP, there was lack of documentation of severe neurological deficits upon examination or suspicion for cancer, infection, steroids, or osteoporosis. Based on the above, the request is not supported by the evidence based guidelines. In regard to lateral lumbar spine with flexion and extension, there was lack of documentation to indicate the patient will be undergoing a spinal fusion. There was also lack of clear rationale to indicate the use of flexion/extension imaging studies in the placement of an inclinometer. Furthermore, there was a lack of documentation in regard to severe neurological deficits upon examination.

03/27/15: The claimant was evaluated by for pain going down his right leg. He had decreased mobility and joint pain. It was noted that review was made of report from who "reviewed the whole case and once again he was recommended to have an ESI done. He believes this will make a lasting improvement for our patient." It was noted that when the claimant was asked how his pain was being

managed, he replied "it sucked." His pain remained very intense and medications were only helping a little. His medications were listed as Duragesic 25 mcg/hr patch q. 72 hr. in addition to Flexeril 10 m, hydrocodone 10/325 mg and Naprosyn 500 mg. His review of systems was positive for extremity weakness and gait disturbance, back pain, decreased mobility, joint pain, and muscle weakness. On exam, his gait was limp, right side, full weight bearing and cane. He had pain and muscle spasm to palpation of lumbar spine and moderate pain with motion. It was noted that he appeared to be in more pain than before. Dorsalis pedis pulses were normal, and no edema was present. There was no sensory loss. ASSESSMENT/PLAN: Refilled pain meds and added a trial of Duragesic patch 25 mcg #5. Awaiting approval for MRI and ESI form office.

03/27/15: UR. RATIONALE: Per ODG, repeat MRI is not routinely recommended. Noting that there is no evidence of significant change in symptomatology and no evidence of progressive neurologic deficit with motor, sensory, and/or reflex changes, repeat lumbar MRI is not indicated as medically necessary. There is no evidence of red flag issues for changes serious spinal pathology and no indication of segment instability at any level of the lumbar spine.

05/27/15: The claimant was evaluated. It was noted that the pain patches did not help much. On exam, he had lumbar spasm and mild pain with motion. He had pain radiating down his right leg to calf. No sensory loss. He was referred. His medications were refilled, and he was started on Lyrica.

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

The previous adverse decisions are overturned. The claimant meets the criteria for a Lumbar MRI without contrast due to his uncomplicated back pain with radiculopathy lasting more than a month despite physical therapy. He also merits lumbar x-rays including flexion and extension because he suffered lumbar trauma and has pain. The x-rays will determine whether he has an occult fracture or instability in his lumbar area due to his trauma at work that will not be assessed by an inclinometer. The updated studies can be used to guide further treatment including possible lumbar injections. The ODG require change in symptoms for repeat studies, and the claimant describes new and increasing pain since his last MRI which is now over a new year. Therefore, the request for MRI Lumbar without Contrast 72148, X-rays AP and Lateral Lumbar Spine with flexion/extension is medically necessary.

ODG:

MRIs (magnetic resonance imaging)	Indications for imaging -- Magnetic resonance imaging: <ul style="list-style-type: none">- 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- Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)
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Radiography (x-rays)	Indications for imaging -- Plain X-rays: <ul style="list-style-type: none">- Thoracic spine trauma: severe trauma, pain, no neurological deficit- Thoracic spine trauma: with neurological deficit- Lumbar spine trauma (a serious bodily injury): pain, tenderness- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture- Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70- Uncomplicated low back pain, suspicion of cancer, infection- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, painful- Myelopathy, sudden onset- Myelopathy, infectious disease patient- Myelopathy, oncology patient- Post-surgery: evaluate status of fusion
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Flexion/extension imaging studies	Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. See Range of motion (ROM); Flexibility . For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. See Fusion (spinal).
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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)**