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**Date notice sent to all parties:**

June 30, 2015

**IRO CASE #:**

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

Appeal: MRI Lumbar Without Contrast 72148

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

Board Certified Orthopedic Surgeon (Joint)

**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]:**

is an individual with a reported date of injury of xx/xx/xx. On 11/09/12, a designated doctor exam occurred noting mechanism of injury was using an air blower and it broke and pulled the left and patient subsequently subsequently developed pain. It was noted reflexes were symmetrical for the bilateral patella and Achilles tendons, and patient had a negative sitting straight leg raise bilaterally. His motor exam was within normal limits and he independent gait without used of a dis assisted devices. Sensation was normal to the bilateral lower extremities. On 12/28/12, an MRI of the lumbar spine revealed a grossly unchanged exam from the prior examination with grade 1 degenerative spondylolisthesis at L4 on L5 with canal and bilateral foraminal stenosis. Bilateral foraminal stenosis was also noted at L2-3 and L5-S1. On 04/14/15, patient was seen in clinic. On physical examination, he had 5/5 strength in all muscle groups tested, reflexes were both rated 2+ bilaterally, and sensation was intact. An MRI was to be ordered. On 04/22/15, the patient returned to clinic. On physical examination, he had full strength in all muscle groups tested

of the lower extremities, and reflexes were already at 2+ bilaterally. Exhibited a normal gait, and cessation in both lower extremities was considered normal.

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

On 04/20/15, a notification of adverse determination was submitted for the requested MRI of the lumbar spine without contrast. It was noted there was no indication of new or progressive neurological deficits to substantiate repeat imaging and there was no indication of pending surgical intervention or red flag signs of symptoms. The request was non-certified. On 05/20/15, a notification of reconsideration determination was submitted for the requested MRI lumbar spine without contrast noting the request was non-certified as there was failure to provide evidence of significant change in symptoms or clinical findings on physical examination to suggest significant pathology for repeat imaging. The guidelines indicate repeat imaging of the lumbar spine should be performed when there is significant change in symptoms and or findings suggestive of significant pathology such as tremor, infection, fracture, neural compression or recurrent disc herniation. This patient has remained neurologically intact for a significant length of time and there is lack of documentation of new injuries, evidence of tumors, infections, or fractures or recurrent disc herniation. Therefore, it is the opinion of this reviewer that the request for MRI of lumbar spine without contrast is not medically.

**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**

**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**
- **Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)**