

True Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

1 MRI of the lumbar spine without contrast

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)

Patient Clinical History (Summary)

The patient is a male who reported an injury to his low back. The clinical note dated 08/09/12 indicates the patient complaining of low back pain with radiating pain into the right lower extremity. The note indicates the patient utilizing Flexeril, Vicodin, and Celebrex for pain relief at that time. The CT myelogram dated 09/17/12 revealed postoperative changes secondary to a fusion and decompression at L4-5. No evidence of residual canal compromise was identified. Possible central canal stenosis was revealed at L3-4 at that time. The clinical note dated 11/01/12 indicates the patient continuing with low back pain. No strength deficits were identified. Reflexes were identified as being normal. The patient was being recommended for a laminectomy at L3-4 at that time. The clinical note dated 06/18/13 indicates the patient complaining of worsening low back pain. The note indicates the patient utilizing a cane to assist with his ambulation. The note does indicate the patient having a positive straight leg raise bilaterally. X-rays of the lumbar region taken in the office at that time revealed a spondylolisthesis at L3-4 with a pseudoarthrosis at L4-5. The clinical note dated 01/15/15 indicates the patient continuing with low back pain with radiation of pain to the lower extremities. The note indicates the patient continuing with the use of Tramadol, Neurontin, Zanaflex, Duexis, Flexeril, and Norco for pain relief. No other information was submitted regarding the patient's clinical findings.

The utilization reviews dated 01/28/15 and 03/30/15 resulted in denials as insufficient information had been submitted regarding the patient's clinical findings supporting the need for an MRI.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The documentation indicates the patient complaining of a long history of ongoing low back pain despite a previous surgical intervention. An MRI of the lumbar spine is indicated for patients with significant findings consistent with radiculopathy following a full 1 month course of conservative therapy. No information was submitted regarding the patient's updated clinical findings confirming findings consistent with radiculopathy. Additionally, no information was submitted regarding the patient's description of the low back pain. No information was submitted regarding the patient's findings consistent with cauda equina. No information was submitted regarding a new injury. Given these factors, the request is not fully indicated as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)