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Date notice sent to all parties: 10/23/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar MRI with contrast

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

Board Certified in Orthopedic Surgery

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 of the health care services in dispute.

Lumbar MRI with contrast - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

On xxxxx, diagnosed the patient with an increase in low back pain attributed to right sided lumbar facet arthropathy. He was status post L4-L5 fusion. A Medrol Dosepak was prescribed. performed a right sided lumbar facet RFTC at L2, L3, L4, L5, and S1 on xxxx. A lumbar MRI dated xxxx revealed bilateral screws and posterior rods at L4-L5 plus a laminectomy with no compromise of the spinal canal or neural foramina. There appeared to be fusion across the facet joints. At L5-S1, there was a laminectomy with no compromise of the spinal canal or neural foramina. On xxxxx, examined the patient. He was injured on XX/XX/XX and he underwent lumbar posterolateral fusion in xxxxx. His symptoms improved, but had subsequently worsened. He had intermittent and

diffuse lower back and bilateral buttock pain. He could toe and heel walk without difficulty and he was focally tender in the midline over his hardware. Straight leg raising did not cause discomfort and he did not have any abnormal neurological findings. Hardware removal was performed on xxx. On xxx, the patient was reevaluated and noted his preoperative symptoms were improved by 90%. He was given a release for full duty and asked to return as needed. The patient then returned on xxxx. He noted over the years, his only treatment had been use of medications from the pain specialist. He was currently on Meloxicam, Cyclobenzaprine, and Hydrocodone. He had been referred by the carrier for a one time examination. He walked stiffly, but without a limp. He could walk on his toes and heels and straight leg raising did not cause obvious discomfort. A repeat lumbar MRI was recommended. performed a lumbar ESI on xxxxx for the postoperative diagnoses of lumbar spinal stenosis, post laminectomy syndrome, and lumbar radiculopathy. On xxx, reexamined the patient. His back and bilateral lower extremity symptoms were improved by 30%. He was referred for possible surgical treatment. It was noted he was working and not taking any medications. performed another lumbar ESI on xxx and xxx. The patient returned on xxx. He noted his symptoms had worsened spontaneously over the last three months. His pain was rated at 9/10. He noted his pain significantly improved following the ESIs, which were recommended at that time. Tramadol was prescribed. felt the patient's symptoms were related to the severe spinal stenosis adjacent to his spinal fusion. performed a bilateral L3 transforaminal ESI on xxx. On xxxx, the patient returned with pain rated at 10/10. He was noted to have progressive lumbar radicular syndrome and a lumbar CT myelogram was recommended. reexamined the patient on xxx and noted he had not seen the patient since xxxxx. His symptoms had worsened and were rated at 10/10. Straight leg raising was negative bilaterally and he had no abnormal neurological findings. The patient did not want stronger pain medications or additional ESIs. A repeat lumbar MRI was recommended. The lumbar MRI with contrast was requested via preauthorization on xxxx. On xxxx provided an adverse determination for the requested lumbar MRI with contrast. reevaluated the patient on xxxx. He noted he had lower back and bilateral lower extremity pain with numbness and tingling rated at 8-9/10. He had no abnormal neurological findings and straight leg raising was negative bilaterally. He was advised to continue Tramadol and home exercises. On xxxx, another preauthorization request was made for the lumbar MRI with contrast. On xxxxx provided another adverse determination for the requested lumbar MRI with contrast.

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

The patient sustained an injury on XX/XX/XX. He underwent lumbar decompression and fusion with eventual hardware removal in xxxxx. He has had continued ongoing subjective pain complaints, including pain in his back with radiation down the posterior aspect of both legs. His symptoms have quantitatively increased (i.e. there is more pain), but they remain the same in terms of distribution. last note does not document any objective medical findings or any abnormal neurological findings. Certainly there is no evidence of any objective change to the body for a lumbar MRI, which would be required by the recommendations of the ODG. The ODG specifically states that while MRI scan is probably the best choice for patients with prior back surgery, repeat MRI scan is not routinely recommended and should be reserved for a significant objective

change in symptoms and/or findings suggestive of significant pathology. In this case, those findings are not present. Therefore, based upon the history and the recommendations of the ODG, the requested lumbar MRI with contrast is neither reasonable nor necessary and the previous adverse determinations should be upheld at this time.

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)