

Magnolia Reviews of Texas, LLC

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Notice of Independent Review Decision

[Date notice sent to all parties]:

10/12/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: MRI Lumbar Spine without contrast

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

Board Certified Orthopedic Surgeon, Fellowship Trained in Spine Surgery

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 reported injury on xx/xx/xx. The mechanism of injury was a xxxxxxx. The claimant underwent an artificial disc replacement at L5-S1. Documentation indicated the claimant had been treated with physical therapy more than 10 years prior to xxxxx and the claimant had received facet joint injections and a rhizotomy. The documentation indicated the claimant was utilizing Norco 10/325 mg tablets 1 every 4 hours as needed. The documentation of xxxxx revealed the physician opined the claimant had mechanical low back pain and buttock pain. The physician indicated he was trying to determine whether the claimant had facetogenic pain from L5-S1. The assessment included a diagnosis of lumbago. The request was made for an MRI of the lumbar spine without contrast. The medications prescribed included Norco 10/325 mg, Ambien 10 mg, Xanax 25 mg.

The documentation of 08/03/2015 revealed the claimant was utilizing Norco,

Ambien and Xanax. The physician opined the claimant was at a standstill. The claimant had been consistently and persistently in pain. The physician stated he requested an MRI to look at whether the claimant had adjacent level degeneration above the level of the surgical intervention. The physician documented the claimant's examination showed no motor deficit and all of the Waddell's with the exception of the specifically pinch were absent. With pinch and palpation, the only are that seemed to be a problem was above the iliac crest, not the sacroiliac sulcus. The diagnoses included lumbosacral neuritis or radiculitis, chronic pain syndrome and lumbago. The request was made for the MRI of the lumbar spine without contrast and a facet joint injection.

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

The Official Disability Guidelines indicate that MRIs of the test of choice for patients with prior back surgery. The clinical documentation submitted for review demonstrates that the patient has participated in conservative care since 2002. The patient is status post lumbar spine surgery. The patient has ongoing symptoms and an MRI would be warranted at this time to assess pathology and determine treatment plan. Given the above, the denial regarding the MRI of the lumber spine without contrast is overturned.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES, online edition, updated 09/22/15, Low Back Chapter, MRIs (magnetic resonance imaging)