

# **IRO Express Inc.**

**An Independent Review Organization**

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## **Notice of Independent Review Decision**

**Case Number:**

**Date of Notice:** 10/12/2015

### **Review Outcome:**

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

Anesthesiology

### **Description of the service or services in dispute:**

MRI spinal canal without then with 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 female who reported an injury to her low back. The x-rays of lumbar spine dated xxxxx revealed multilevel degenerative changes in the lumbar spine appeared a previous fusion was evident from L3-4 to L4-5. The clinical note dated 04/09/13 indicates the patient continuing with complaints of low back pain. The patient rated the pain as 8-10/10. There is an indication the patient had been prescribed the use of Endocet at that time. The patient stated that she was only she was able to walk for up to 10 minutes. The note indicates the patient current currently having a current smoking habit of one pack per day. The clinical note dated 03/16/15 indicates the patient reporting no significant change in her low back status. The patient reported ongoing low back pain as well as left buttocks and left leg pain. The note indicates the patient utilizing tramadol for pain relief. There is indication the patient had undergone medial branch neurotomies in the past as well as trigger point injections. The patient was continuing with a prat with approximately a one pack per day smoking habit. The clinical note dated 05/20/15 indicates the patient continue with constant low back pain. The patient rated the pain as 10/10 at that time. The patient reported a tingling, pins and needles and shock like sensation in the low back. The clinical note dated 06/22/15 indicates the patient continuing with 10/10 pain appeared the note indicates the patient utilizing Lyrica for ongoing pain relief. The patient also was utilizing a compounded pain cream. The utilization reviews dated 07/22/15 and 08/13/15 resulted in denials as insufficient information had been submitted regarding the patient's findings consistent with radiculopathy.

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

The documentation indicates the patient having a long history of ongoing low back despite a surgical intervention. An MRI of the lumbar spine is indicated for patients who have completed a recent course of conservative therapy continued but continue with significant findings identified by clinical exam. No information was submitted regarding the patient's findings consistent with radiculopathy manifested by

reflex, sensation, or strength changes in the lower extremities. Given the lack of information regarding the patient's findings consistent with radiculopathy, there is re strength at given the lack of information regarding the patient's findings consistent with neurological involvement, the request is not 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)