

Notice of Independent Review Decision

August 31, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar spine MRI

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

Orthopedic Physician

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]:

The patient is a female who was injured on xx/xx/xx, after lifting an 80-pound x from a x. She felt a pull and pop in the right shoulder causing immediate pain and reproduction of lumbar pain.

On July 9, 2014, magnetic resonance imaging (MRI) of the lumbar spine demonstrated: 1. Mild degenerative disc changes seen at L4-L5 and LS-S1 associated posterior annular fissure at L4-L5 and L5-S1 levels. There were shallow posterior disc protrusions seen at L3-L4 and L5-S1 levels without significant compression of the nerve root. There was no significant neural foraminal stenosis and the central canal was patent.

evaluated the patient on June 9, 2015, for lumbar pain that worsened after attempting physical

therapy (PT). The patient had undergone a lumbar epidural steroid injection (ESI) at the left L5-S1 with an S1 selective nerve root block on August 28, 2014. With this, the patient reported complete relief of her left leg radicular pain with only some residual tingling along the posterior aspect of the thigh and lower leg. The patient had also undergone a bilateral L4-L5 and L5-S1 medial branch block about two weeks ago. The patient had approximately 40% improvement in her lumbar pain, which had allowed her to be comfortable. However, the radicular pain as well as the lumbar pain continued as before. The patient had undergone a lumbar discogram, which did not go in the patient's favor for surgery. The back had generalized lumbosacral tenderness with spasticity. She could bend forward to the mid thigh level with pain on flexion and extension as well as bilateral rotation. Previous diagnostic studies were reviewed: x-rays of the pelvis on July 14, 2014, were normal. x-rays of the lumbar spine showed decreased disc height at L3-L4. Magnetic resonance imaging (MRI) of the lumbar spine on July 9, 2014, revealed disc desiccation at L3-L4, a high intensity zone centrally and on the left at L4-L5 and L5-S1, a left paracentral subarticular disc protrusion at L5-S1. There was a disc bulge at L4-L5 and a broad posterior protrusion at L3-L4 and a 9-mm T2 hyperactive lesion at T12. The diagnoses were lumbago, lumbar herniated disc and lumbosacral joint sprain/strain. A lumbar discogram was recommended to identify discogenic pain.

On June 24, 2015, the request for lumbar spine MRI was non-authorized. Rationale: *"As noted in the Official Disability Guidelines, repeat MRI is only indicated when there is significant change in symptoms. The symptomatology continues to be low back pain with no specific objectified etiology. There are no findings suggesting any significant pathology such as tumor, infection or fracture. Therefore, based on the clinical information presented for review, there is no clear clinical indication for a repeat MRI of the lumbar spine."*

On July 7, 2015, the patient returned after having attempted to improve her symptoms with physical therapy (PT). The patient wanted surgical treatment to help her back pain; however, the hearing for her discogram did not rule in her favor. A request for a lumbar MRI had also been denied. The back had generalized lumbosacral tenderness with spasticity but no bony or soft tissue abnormality. She could bend forward to the mid thigh level with pain on both flexion and extension as well as bilateral rotation. stated with the inability to do a discogram a lumbar MRI should be performed to see if there had been any changes since July 9, 2014. The patient was encouraged to stay active, avoid heavy lifting and maintain proper body mechanics.

On July 20, 2015, the appeal for lumbar spine MRI was non-authorized. Rationale: *"The progress note dated July 7, 2015, does not indicate that there have been any significant changes of the injured employee symptoms since the stated date of injury or since the previous MRI was performed on year ago. Considering these guidelines recommendations, subjective complaints and objective findings, this request for a repeat MRI of the lumbar spine is not medically necessary."*

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

Lumbar spine MRI would not be considered medically necessary and appropriate in this case

based upon the Official Disability Guidelines. Official Disability Guidelines specifically state that repeat MRI should only be performed when there is a significant change in symptoms and/or findings suggestive of significant pathology. In this case, there is no significant change in symptoms or findings suggestive of significant pathology. No neurologic deficits have been documented, and no change in symptomatology has been documented. Therefore, a repeat lumbar spine MRI cannot be certified in this case based upon the Official Disability Guidelines.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES