



IRO REVIEWER REPORT – WC

DATE OF REVIEW: 09/10/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI Lumbar Spine with and without 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 or not medical necessity exists for each of the health care services in dispute:

- MRI Lumbar Spine with and without contrast - Overturned

PATIENT CLINICAL HISTORY [SUMMARY]:

On xx/xx/xxxx, claimant was going down a ladder and missed a step and fell, landing on his feet while twisting and straining his lower back. Claimant received conservative treatment to include medications, physical therapy, and diagnostics. The 06/18/14 MRI showed protrusion at L5-S1, pressing upon the left S1 nerve root. An L5 discectomy and laminectomy was performed on 09/22/14. DDE performed on 06/02/15 opines claimant not at MMI. EMG Study performed on 06/04/15 shows significant compromise in L5 and S1 nerve roots affecting LLE similar to those seen in lumbosacral radiculopathy of moderate to severe degree. On 06/18/15 due to continuation of numbness and tingling into the left leg with weakness in all fields, suspected to be associated with pain and findings of weakness in the left extensor hallucis longus, the treating doctor requested an updated, post-surgical MRI.

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

The previous Peer Review noted a concern of lack of documentation of significant change in symptoms or development of new pathology. The medical records provided for my review annotated that after the claimant underwent the L5-S1 laminectomy and discectomy on 09/22/14 there was a resolution of radicular pain with continued subjective complaints of radiating numbness and tingling. The physical exam failed to note a focal neurological deficit ongoing by until the 06/18/15 SOAP note, at which time it was noted the claimant now had extensor hallucis longus weakness at 4/5, which would be a new finding and correlates with the electrical study that was performed on 06/04/15. It was notable for findings of a moderate to severe L5 and S1 radiculopathy. With correlation with the electrical study and the new finding of the EHL weakness that had not been previously documented, the repeat MRI scan with and without contrast is medically indicated within Official Disability Guidelines criteria.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**