

Envoy Medical Systems, LP
4500 Cumbria Lane
Austin, TX 78727

PH: (512) 705-4647
FAX: (512) 491-5145
IRO Certificate #4599

DATE OF REVIEW: 4/07/16

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Rt Knee MRI, CPT 72148, Lumbar Spine MRI, CPT 73721

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Physician Board Certified in Physical Medicine & Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overtaken (Disagree) X

Partially Overtaken (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

Patient is a female who was injured in XX/XXX, when she grabbed her jacket, scratching her face and neck in the process, causing her to slip on the wet floor and fall onto the right knee and then onto the right side of the body. She also reported lower back pain at that time. An MRI of the lumbar spine on XX/XX/XX showed mild multilevel degenerative disc changes and facet hypertrophy with mild right L4-5, bilateral L3-4, and left L2-3 foraminal stenosis. It also showed a broad based right foraminal and extraforaminal disc protrusion without significant nerve root impingement at L4-5 and circumferential disc bulging at L2-3, L3-4, L4-5, and L5-S1. The patient was released back to work without restrictions on XX/XX/XX. She underwent 8 sessions of physical therapy from XX/XX/XX-XX/XX/XX. She reported buckling of the right knee to the therapist. She was then evaluated by the XX on XX/XX/XX where she complained of 90% back pain with 10% in the bilateral posterior thigh and legs. On physical exam, she had pain with extension and right side bending. Neuro exam was normal and straight leg raise test was negative bilaterally. Transforaminal epidural steroid injection at L4-5 was discussed with the patient. She was also given work restrictions. She then underwent a right L4-5 epidural steroid injection and selective nerve root block on XX/XX/XX which did not provide relief. She then underwent bilateral L4-5 and L5-S1 facet injections on XX/XX/XX which provided 70-80% relief. On XX/XX/XX, she underwent a second designated doctor exam, noted that she also complained of a new onset left sided lower back pain when she felt a pop in her back on XX/XX/XX with radiation of pain into her left groin at that time. She also indicated her right knee feels weak and she also gets pain in her knee and ankle. XX documented LEFT lateral calf hyperesthesia and pinpoint tenderness on the the left L4-5 and muscle spasms guarding on the left. XX felt that the RIGHT L4-5 disc herniation, the LEFT L2-3 disc bulge were both consistent with the mechanism of injury and should be included in the accepted diagnoses. He also references a previous exam by him on XX/XX/XX when an L3-4 disc herniation was ruled in as an additionally claimed diagnosis/condition. On XX/XX/XX she had a bilateral L3-4 transforaminal epidural steroid injection with a selective nerve root block which gave her 30% relief of her left leg symptoms and 10% of her right leg. Notes from XX/XX/XX shows she complained of pain that radiate into the posterior thigh and lower leg on the right, greater than left side. Most recent note from XX/XX/XX shows she complained of 90% lower back pain with 10% pain down both buttocks, posterior thigh and legs. Right knee exam showed full range of motion, medial joint line tenderness with positive McMurray's Steinmann's and negative Lachman's. Neurological exam was normal except hypoesthesia in the left L4 dermatome and right anterior tibialis 4/5

strength. (these are changes since last exam on XX/XX/XX). There is also documentation of pain and swelling in the right knee.

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

Opinion: I disagree with the benefit company's decision to deny the requested service(s).

Rationale: This review pertains to the need for a right knee MRI and a repeat lumbar MRI.

Per ODG a repeat lumbar MRI is indicated if there is significant change in symptoms including neurological deficits. There is now documented weakness in the right anterior tibialis and hypoesthesia in the left L4 dermatomes. This is based on documented physical examination. The only consideration for the carrier is if the incident on XX/XX/XX when she felt a pop in her back and acute onset left sided pain is work related and whether that event has contributed to her change in physical examination.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)