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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 03/24/2016

Review Outcome:

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

Orthopedic Surgery

Description of the service or services in dispute:

MRI Lumbar Spine without 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 male who reported an injury on XX/XX/XX. The XX/XX/XX office note indicated an MRI was performed on XX/XX/XX, which revealed at L2-3 and L5-S1 a 1 to 2 mm disc protrusion; L3-4, a 2 to 3 mm disc protrusion was impressing the thecal sac; at L4-5, 3 mm disc protrusion impressing the anterior thecal sac. The second opinion report of the MRI performed by XX, MD on XX/XX/XX revealed mild multilevel disc degeneration with facet arthrosis, reversal of the lumbar lordosis at L1-2; moderate posterior disc spondylosis at L4-5 and L3-4 without focal disc protrusion, mild bilateral facet degeneration borderline central canal dimensions with moderate bilateral foraminal narrowing; similar but less prominent findings at L2-3 where there is mild posterior spondylosis without focal disc protrusion, mild bilateral facet degeneration, borderline central canal dimensions with mild bilateral foraminal narrowing; mild posterior disc spondylosis at L5-S1 without focal disc protrusion, mild bilateral facet degeneration. Previous testing also included an EMG on an unspecified date, which was reported as showing no signs of radiculopathy. The patient was recommended for a new MRI. The physical exam performed on XX/XX/XX revealed lumbar midline tenderness, paraspinal muscle tenderness bilaterally, limited range of motion upon flexion due to pain, neurological deficits with extension, strength testing 5/5 in all muscle groups, paresthesias on the right side in the L4-5 distribution, normal Achilles and patellar tendon reflexes, and straight leg raise testing positive. On XX/XX/XX, the report indicated the patient's pain was getting worse by the day and medications were not helping anymore. The patient stated his pain was now going all the way to his foot with numbness and tingling over his great toe. The note stated the patient was having some weakness upon dorsi and plantarflexion as well. The physical exam revealed midline tenderness noted, paraspinal muscle tenderness bilaterally, limited range of motion due to pain upon flexion/extension, decreased strength on dorsiflexion mainly 3/5 on the right side versus compared to the last visit where they were 5/5. The sensations noted there was an increased paresthesias in the L5-S1 dermatomal distributions. The patient's Achilles and patellar reflexes were noted to be normal and symmetrical. The patient's straight leg raise test was positive bilaterally. There was a mild normal gait with limp noticed due to pain. The physician requested an MRI in order to make the determination whether the patient is a surgical candidate versus an injection candidate. On XX/XX/XX, the previous request for the MRI was non-certified due to a lack of significant clinical change or new trauma since the prior MRI.

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

The previous request for the repeat MRI of the lumbar spine was non-certified due to lack of evidence of significant change or new trauma since the prior MRI. On XX/XX/XX, the patient's physical exam noted no evidence of lower extremity weakness. On XX/XX/XX, the physical exam revealed decreased strength of dorsiflexion rated as 3/5 on the right side. Due to the evidence of new weakness on physical exam, a significant change in symptoms and findings which could be suggestive of a significant pathology, the current request is supported. Although previous copies of the lumbar MRI reports were not provided for review, the previous readings of the MRIs were conflicting in nature. Given the new onset of weakness, the current request for the MRI of the lumbar spine without contrast is supported at this time based on the XX/XX/XX exam findings. Therefore, the previous non-certification for the MRI Lumbar Spine without contrast is overturned.

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)