

# INDEPENDENT REVIEWERS OF TEXAS, INC.

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## Date notice sent to all parties:

01/11/2016

## IRO CASE #:

## DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI lumbar spine w/o contrast

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

Board Certified Orthopedic Surgeon (Joint)

## 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 medical necessity exists for each of the health care services in dispute.

## PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a female. On XX/XX/XX, she was seen with complaints back and leg pain. She been attending physical therapy at that time. Past surgical history was not significant for spine surgery. On exam, she was limping to the affected side, and she had paraspinal muscle tenderness present. She had limited range of motion to the lumbar spine. X-rays were obtained she want alignment normal, no fractures, and no more appearing disc spaces and neural foramina. Strength was within normal limits. There was no atrophy noted. On XX/XX/XX, a MRI of the lumbar spine revealed at L4-5 there was mild right and moderate left facet arthropathy, without canal or neural foraminal stenosis. At L5-S1 there was mild degenerative changes, with mild to moderate disc bulge, more pronounced more

pronounced laterally towards the left. This was causing mild left neural foraminal stenosis. The right neural foramen was widely patent. On XX/XX/XX, the patient turned to clinic. Examination at that time revealed an abnormal gait lift limping to the affected side, limited range of motion, and paraspinal muscle tenderness. There was no weakness or atrophy noted. On XX/XX/XX, patient returned to clinic. She had complaints of a low back pain. She had in satiated left leg pain, left leg foot left leg and foot numbness and tingling. On exam, strength was rated at 4/5 in the gastroc and iliopsoas on the and 4/5 in the gastroc and quadriceps on the left side, sensation was decreased in an S1 distribution, but Achilles reflexes 1+. Right lower extremity exam revealed 5/5 strength, normal sensation and reflexes were rated at 2+. It was noted this she was a surgical candidate and would likely need a laminectomy. An updated MRI was recommended.

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

On XX/XX/XX, utilization review report noted the quest was for a repeat MRI lumbar spine, and utilized Official Disability Guidelines low back chapter. It was noted it was noted the guidelines indicate that when there is a significant change in symptoms and or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation, a repeat MRI may be warranted. In this case, it was noted the treating provider noted the patient was a surgical candidate and wanted an updated MRI. There was no credible evidence that the patient met the Official Disability Guidelines for lumbar surgery, and she been evaluated by other medical providers who indicated surgery was not indicated. It was further noted that the designated doctor assigned 5% impairment rating, which was not a radiculopathy impairment. It was noted the MRI dated XX/XX/XX documented lumbar anatomy that had been well defined, and patient had not had a change in presentation or examination findings. Thus, there was neurological reason to suspect a change in the structure or pathology of the lumbar spine. The quest was non-certified.

On XX/XX/XX, a utilization review report for the requested lumbar repeat lumbar MRI utilized Official Disability Guidelines low back chapter. It was noted that repeat MRI may be considered reasonable when there is a significant change in symptoms and or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. It was noted no updated information was submitted regarding the patient's significant change in sentimental symptomatology. No information was submitted regarding the patient's development of any new pathology or recent completion of formal therapeutic interventions. Therefore, the quest was non-certified.

Guidelines indicate that repeat MRI may be considered reasonable when there is a significant change in symptoms, and or findings, suggestive of significant pathology such as tumor, infection, fracture, neurocompression or recurrent disc herniation. On the progress notes prior to the XX/XX/XX MRI apparently indicates the patient had low back and left leg pain, but she was apparently neurologic intact. After the

MRI was performed, she again was examined, and was apparently neurologic intact. Most recently, when she was examined, she had 4 or 5 quadriceps and gastrocnemius strength deficits in the left lower extremity, and sensation was decreased in an S1 pattern. Furthermore, Achilles reflexes were decreased 1+ where a quadriceps reflexes were 2+. This is apparent change in physical findings and represents documentation of findings suggestive of neurocompression.

It is the opinion of this reviewer that the quest for MRI lumbar spine without contrast is medically necessary and prior denials are overturned.

### **IRO REVIEWER REPORT TEMPLATE -WC**

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE 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, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- 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 A DESCRIPTION)**

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

**Indications for imaging -- Magnetic resonance imaging:**

- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection, other “red flags”
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit.
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient
- Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)