

## Health Decisions, Inc.

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### Notice of Independent Review

June 29, 2018

**IRO CASE #:** XXXX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Lumbar Spine MRI, Right Hip MRI w/o 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)

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 XX who presents with right hip and low back pain. Patient was injured on XX however, records have not been provided by the patient's physician. The insurance company is denying coverage for lumbar spine MRI and right hip MRI without contrast.

XX – Physician Notes-XX, M.D.: Patient returns for follow up. XX has been complaining of a squeaking, crepitation sensation about XX right shoulder. XX notes no inciting event. XX states it is somewhat random in nature. It is not painful. Otherwise, XX is making good progress with XX therapy as noted by the physical therapist. The patient has yet to receive XX MRI study of XX lumbar spine or XX right hip as previously requested. In regards to the left ankle and foot, XX is still having discomfort although XX presents today ambulating without aids. Objective: Right Shoulder: Examination reveals full forward elevation, abduction. Grossly XX strength is improved to 4+/5-. Impression: 1) History of left distal tibia fracture with foot soft tissue injury. 2) Right hip probable labral tear. 3) Low back pain. 4) Status post SLAP lesion repair, right shoulder. Plan: We are once again requesting an MRI study of the right hip and lumbar spine to complete our medical evaluation. In regards to the right shoulder, I would like XX to continue physical therapy along with therapy for the left ankle and foot to progress to a strengthening/conditioning program. XX will follow up in one month for recheck. XX can perform sedentary to light type work activities at this time.

XX – Peer Review Report-XX, M.D.: I have reviewed the available records on XX and answered the questions submitted. Medical Records: XX XX, MD-Preauthorization requests/referral requests; XXXX-Work status report; XX XX MD-Office visit; XX XX, MD-LWC form 1010. Summary: All of the listed records were received. The injured worker is a XX individual who sustained an injury on XX. The mechanism of injury was not documented in the clinical records submitted with this request. The injured worker was diagnosed with history of left distal tibia

fracture with foot soft tissue injury, right hip probable labral tear, low back pain, and status superior labral anterior posterior lesion repair, right shoulder. Prior treatment included physical therapy of the right shoulder, which the injured worker was making progress. The injured worker underwent superior labral anterior posterior lesion repair of the right shoulder (undated). According to the Office visit dated XX, the injured worker was seen for follow up. The injured worker had been complaining of a squeaking, crepitation sensation about the right shoulder. The injured worker noted no inciting event. The injured worker was somewhat random in nature. It was not painful. In regard to the left ankle and foot, the injured worker is still having discomfort although, the injured worker is ambulating without aids. On physical examination of the right shoulder, there was full forward elevation and abduction. The strength was grossly improved to 4+/5. The injured worker could perform sedentary to light type work activities. The treatment plan included magnetic resonance imaging study of the right hip and lumbar spine to complete the medical evaluation, a continuation of physical therapy along with therapy for the left ankle and foot to progress to a strengthening and conditioning program, and a follow up in one month. Questions and Answers: 1) Is the right hip MRI without contrast medically necessary and appropriate? –Non-Certify; A successful peer-to-peer with XX MA on behalf of XX, took place. Recent objective hip findings were not provided. Furthermore, detailed evidence of severe and/or progressive pathological abnormalities has not been documented. Detailed evidence of a recent comprehensive conservative treatment protocol trial and failure has not been submitted. Therefore, the request is not medically necessary. 2) Is the lumbar spine MRI without contrast medically necessary and appropriate? –Non-certify: A successful peer-to-peer with XX MA, on behalf of XX, took place. Recent objective lumbar findings were not provided. Furthermore, detailed evidence of severe and/or progressive neurological abnormalities has not been documented. Details of a recent comprehensive conservative treatment protocol trial and failure has not been submitted. Therefore, the request is not medically necessary.

XX – URA Determination-XX: Utilization review for XX has been completed for the dates of service XX to XX. Your request was reviewed by a licensed practitioner in a health care specialty appropriate to review this treatment/service request and has rendered a non-certification decision. Decision/Clinical Rationale as stated in the peer reviewer's report: Request: Lumbar spine MRI without contrast. Explanation of findings: ODG Low Back (updated XX) – Online version MRI. Recommended: MRI is the test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, this test is not recommended until after at least one month of conservative therapy, sooner if severe or progressive neurologic deficit. The injured worker is a XX individual who sustained an injury on XX. The injured worker was diagnosed with a history of left distal tibia fracture with foot soft tissue injury, right hip probable labral tear, low back pain, and status superior labral anterior posterior lesion repair, right shoulder. A successful peer-to-peer with XX, MA on behalf of XX, took place. The injured worker notes complaining of a squeaking, crepitation sensation about the right shoulder. In regard to the left ankle and foot, the injured worker was still having discomfort although, was ambulating without aids. However, recent objective lumbar findings were not provided. Furthermore, detailed evidence of severe and/or progressive neurological abnormalities has not been documented. Detailed evidence of a recent comprehensive conservative treatment protocol trial and failure has not been submitted. Therefore, the request is not medically necessary.

XX – URA Reconsideration-XX,XX: XX has received a request for reconsideration (appeal) of an adverse utilization review determination related to XX. The clinical documentation available at the time of the initial utilization review request and any additional information submitted with the request for reconsideration will be provided to the practitioner conducting the appeal review. Appealed treatment/Service request: mri jnt of lwr extre w/o dye. Reconsideration request receipt date: XX. The appeal peer reviewer will contact you to afford an opportunity to provide additional documentation and/or participate in a peer-to-peer discussion of the treatment request. Please be prepared to submit the following documentation when contacted: 1) Diagnosis; 2) Treatment history and results; 3) Current clinical findings; 4) Diagnostic test results; 5) Clinical indication for requested treatment; 6) Anticipated outcome/benefit of requested treatment. Written notification of the reconsideration (appeal) decision will be sent within 5 working days of a request for reconsideration associated with preauthorization, three working days of a reconsideration request associated with concurrent review, or one working days of the reconsideration request involving concurrent review of an inpatient hospitalization.

XX – Peer Review Report-XX M.D.: I have reviewed the available medical records on XX and answered the questions submitted. Medical Records: XX XX, MD - Pre-authorization requests/Referral requests; XX XX –Work status report; XX XX, MD – Office visit; XX XX MD – LWC form 1010; XX XX XX – Correspondence. Summary: All of the listed records were reviewed. The injured worker is a XX old who sustained an injury on XX. The mechanism of injury was not documented in the medical reports submitted with this report. The injured worker was diagnosed with 1) History of left distal tibia fracture with foot soft tissue injury; 2) Right hip probable labral tear; 3) Low back pain, and 4) Status post SLAP lesion repair, right shoulder. There were no prior treatments documented in the clinical records submitted with this request. According to the Office visit dated XX, the injured worker presented for follow up. The injured worker was complaining of a squeaking, crepitation sensation about the right shoulder. The injured worker noted no inciting event and stated it is somewhat random in nature. It was not painful. The left ankle and foot still having discomfort although the patient presented today ambulating without aids. On examination of the right shoulder, revealed full forward elevation and abduction. Grossly strength had improved to 4+/5-. Physician was requesting an MRI study of the right hip and lumbar spine to complete our medical evaluation. The injured worker would follow up in a month. Questions: 1) Is the right hip MRI without contrast medically necessary? Non-certify. The injured worker was diagnosed with 1) History of left distal tibia fracture with foot soft tissue injury; 2) Right hip probable labral tear; 3) Low back pain, and 4) Status post SLAP lesion repair, right shoulder. There is mention of pain in the hip but not details that will allow an analysis of the pain and whether or not an MRI scan would be the best way to evaluate the pain. Obviously at the very least a history and physical exam with routine x-rays should be provided before ordering an MRI scan. A successful peer-to-peer call with XX worker has not significant hip symptoms. The injured worker's legal people have asked the injured worker to request the MRI of the hip. XX agrees that there is no indication for the MRI. There was mention in the chart of a possible labral tear of the hip. Most of these are not symptomatic except for athletic activities. There are certain risk factors for labral problems which would need to be documented. This concern by itself is insufficient to recommend an MRI scan. The request for MRI scan of the hip is not medically necessary as there is no clinical information provided. 2) Is the lumbar spine MRI without contrast medically necessary? Non-certify. The injured worker was diagnosed with 1) History of left distal tibia fracture with foot soft tissue injury; 2) Right hip probable labral tear; 3) Low back pain, and 4) Status post SLAP lesion repair, right shoulder. The presence of back pain is not an indication by itself for MRI scan. A history physical exam and plain x-rays are necessary prior to ordering an MRI scan. The request is not medically necessary.

XX – URA RE-Determination-XX XX: XX has received a request for an appeal of non-certification determination for health care services provided to Richard Bickham. A peer review practitioner in a health care specialty appropriate to perform an appeal review of this treatment/service request has reviewed your appeal and has upheld the original non-certification determination. Decision/Clinical Rationale as stated in the peer reviewer's report: Request: Right hip MRI without contrast. Explanation of findings: ODG Hip and Pelvis (updated XX) – Online Version MRI. Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. The injured worker was diagnosed with 1) History of left distal tibia fracture with foot soft tissue injury; 2) Right hip probable labral tear; 3) Low back pain, and 4) Status post SLAP lesion repair, right shoulder. There is mention of pain in the hip but not details that will allow an analysis of the pain and whether or not an MRI scan would be the best way to evaluate the pain. Obviously at the very least a history and physical exam with routine x-rays should be provided before ordering an MRI scan. A successful peer-to-peer call with XX, MD. We discussed the case and the guidelines. XX was confirmed that the injured worker has not significant hip symptoms. The injured worker's legal people have asked the injured worker to request the MRI of the hip. XX agrees that there is no indication for the MRI. There was mention in the chart of a possible labral tear of the hip. Most of these are not symptomatic except for athletic activities. There are certain risk factors for labral problems which would need to be documented. This concern by itself is insufficient to recommend an MRI scan. The request for MRI scan of the hip is not medically necessary as there is no clinical information provided.

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

The request for MRI studies of the hip and lumbar spine, without contrast, has been found to be not medically necessary and is denied. I am upholding the previous decision to refuse coverage for these MRI studies.

The patient is a XX who sustained a work injury on XX. In XX, XX, MD concluded that the patient had the following diagnoses as a result of this injury: left foot soft tissue injury, right shoulder SLAP tear, lower back pain and a probable labral tear in the right hip. MRI studies of the right hip and lower back were recommended.

The Official Disability Guidelines (ODG) supports MRI studies for the evaluation of the following hip pathologies: osteonecrosis, fracture, bone and soft tissue injuries and tumors. MR-arthrogram is the preferred imaging modality for a suspected labral tear. The ODG supports MRI studies of the lower back for uncomplicated lower back pain with radiculopathy following one month of conservative care. Neurologic deficits must be documented prior to consideration for MRI.

This patient has no documentation to support the diagnosis of "probable labral tear." Patients with labral tears have anterior thigh/groin pain. They have a positive impingement sign on examination. These findings are not recorded in the medical record. The MRI of the hip is not medically necessary.

This patient has no positive findings consistent with compression of nerve tissue. The MRI of the lumbar spine is not medically necessary.

#### ODG Criteria – For Hip MRI

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

Osseous, articular or soft-tissue abnormalities  
Osteonecrosis  
Occult acute and stress fracture  
Acute and chronic soft-tissue injuries  
Tumors

##### **Exceptions for MRI**

Suspected osteoid osteoma (See CT)  
Labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets)

#### ODG Criteria – For Lumbar Spine MRI

##### **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 of 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 (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)

**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)