



**MEDICAL EVALUATORS
OF TEXAS ASO, LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: 05/15/2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denial of repeat MRI of the lumbar spine without contrast

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

This case was reviewed by a physician who holds a board certification in Orthopedic Surgery who is currently licensed and practicing in the State of Texas.

REVIEW OUTCOME

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

Upheld

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a XXXX-year-old XX who sustained injury to the lower back on XXXX. Please note that there are no actual clinical notes with detailed physical findings submitted for my review. According to the denial letter dated XXXX, the mechanism of injury is described as the claimant sustaining injury to her lower back while XXXX. The claimant has been previously treated with medications, activity modifications, chiropractic treatment and epidural steroid injection. The claimant previously had MRI of the lumbar spine but the actual report was not submitted for my review. According to the denial letter dated XXXX, the peer review dated XXXX documented the MRI of the lumbar spine dated XXXX documented partial sacralization of the L5 vertebral body, small disc bulge and posterior annular fissure at L4-L5 with mild right neural foraminal stenosis, and a small disc bulge at L3-L4. According to the denial letter dated XXXX, the claimant was seen on XXXX with ongoing pain in the low back. Motor strength, deep tendon reflexes, and sensation were intact. The treatment plan included a recommendation for a repeat MRI of the lumbar spine without contrast.

Prior UR letter dated XXXX denied the request for coverage of MRI of the lumbar spine without contrast because “the Official Disability Guidelines (ODG) states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, recurrent disc herniation. The patient has persistent pain in the low back. Reasonable non-operative treatment in the form of chiropractic therapy, medications, injections and activity modifications has been tried and failed. However, no objective evaluation was documented showing any functional deficit. Detailed evidence of severe and/or progressive abnormalities has not been documented. The combination of findings appears corroborated by available imaging. The additional requests appear relatively duplicative or redundant at this time. Therefore, this request is not medically necessary.”

Prior UR letter dated XXXX denied the request for coverage of MRI of the lumbar spine without contrast because “the submitted documentation indicated that this had been denied due to a lack of progressive objective neurological deficits. Although the request was submitted for an appeal, no additional information was provided for review to support overturning the previous denial. The original



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MRI report was not provided for review. There were no official clinical notes to support objective progressive neurological deficits. As such, the appeal request is non-certified.”

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

The claimant is a XXXX -year-old XXXX who was injured on XXXX while XXXX, sustaining injury to her lower back. The request is for coverage of repeat MRI of the lumbar spine without contrast.

According to the Official Disability Guidelines (ODG), repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no documentation suggestive of any worsening functional deficits or progressive neurological abnormalities on physical examination such as abnormal reflexes, sensory deficits, or weakness in the lower extremities. There are no extenuating circumstances documented to warrant a repeat lumbar spine MRI.

Therefore, based on the Official Disability Guidelines as well as the clinical documentation stated above, it is the opinion of this reviewer that the request of coverage for repeat MRI of the lumbar spine without contrast is not medically necessary and appropriate in this claimant.

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

**ODG - Official Disability Guidelines & Treatment Guidelines – Online Version
Low Back - Lumbar and Thoracic (Acute and Chronic) - (updated 05/04/2018)
MRI (magnetic resonance imaging) Indications for imaging (accessed 05/14/2018)**

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.