

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 10, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed MRI-Thoracic Spine (72146)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
721.1	72146		Prosp	1					Uphold

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 42 pages of records received to include but not limited to:

Comprehensive letters, 10.19.07, 11.7.07, 11.20.07; guidelines for MRIs, guideline source unknown; notes, Dr. 8.20.07-10.27.07; MRI C-Spine 7.16.07; CT Myelogram 9.21.07; Electrodiagnostic study 9.21.07; MedConfirm, peer review 9.5.07; notes, Dr. 6.27.07-7.13.07; ODG guidelines were not specifically referenced or provided

Requestor records- a total of 17 pages of records received to include but not limited to: notice of an IRO; notes, Dr. 6.24.07-9.27.07; letter from Dr. 9.26.07; CT Myelogram 9.21.07; Electrodiagnostic study 9.21.07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

Dr.'s 6/27/07 records do not discuss any thoracic spine dysfunction. The clinical evaluation by Dr. on 9/21/07 does not describe any myolopathy or radicular findings. The 9/21/07 myelogram CT scan imaging study did not show any cord pressure. Dr.'s initial evaluation on 8/20/07 reported low back and neck pain not thoracic pain. Dr. further reported on the physical examination of 8/20/07 that she was complaining of neck pain.

The 7/16/07 cervical MRI suggested cord pressure which was not confirmed on the 9/21/07 cervical myelgram CT scan. The **Official Disability Guidelines** do not validate the need for a thoracic MRI given the lack of medical necessity in the records. Thus, the request is not validated by the clinical records for review or the evidence-based literature.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES