



One Sansome Street, Suite 600
San Francisco, CA 94104-4448
415.677.2000 Phone
415.677.2195 Fax

IRO NOTICE OF DECISION - WC

DATE OF REVIEW: 06-25-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI of Cervical Spine, MRI of Lumbar Spine

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

Certified by Board of Anesthesiology
General Certificate in Anesthesiology

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)

Injury Date	Claim Number	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	724.4	72148	Upheld
		Prospective	723.4	72156	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Determinations
Consultation dated 02-06-07
Evaluations

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was sitting in a chair, moving it backwards, and it caught in a crack in the floor and flipped him backwards, resulting in an injury to his neck and right shoulder. The evaluation noted that the claimant presented with multiple complaints of neck, low back, anterior right lower extremity, medial left lower extremity, upper extremity, hands, bilateral lower extremity, and bilateral hip complaints.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

There is no evidence of new neurologic symptoms such as motor weakness, pain or neurologic deficit (different than previously described).

In light of the fact that there are no new neurologic deficits, a repeat MRI is not warranted. Moreover, the time that has elapsed from the initial injury is too great to implicate the injury as the cause of his continuing symptoms. It is quite possible that chronic degenerative changes are the reason for his current symptoms which are not different from what was described.

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)**