

SENT VIA EMAIL OR FAX ON
Apr/14/2009

Applied Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI Cervical spine w/o contrast

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 3/11/09 and 3/3/09

Pain Consultants 8/28/08 thru 3/4/09

Letter from Patient No Date

8/7/08

Pain Associates 9/27/07 thru 2/7/08

Dr. 12/12/06 thru 6/19/07

DDE 3/14/07

PATIENT CLINICAL HISTORY SUMMARY

This is a woman injured falling from her bus on xx/xx/xx. The original work injury report and medical evaluation were not provided. She developed chronic pain in the right upper extremity and lower extremity and was treated for complex regional pain disorder. Ms. , a FNP for Dr. wrote on 2/25/09 and 3/4/09 of her neck pain and right upper extremity weakness, and decreased right bicep reflex and reduced sensation in the C6/7 dermatomes. She requested a cervical MRI. There was local cervical pain over the facet region. She had

been seen by several doctors. These included Dr. Dr. (6/19/07 and 12/6/06)) and Dr. (3/14/07). The latter two acknowledged her neck pain and attributed it to a strain. She had variable ranges of motion. The numerous examinations described no muscle atrophy, abnormal reflexes or sensory loss with good strength. She did have right epicondylar pain. Dr. did not describe any cervical pain. Ms.s evaluation on 12/4/08 described some right-sided weakness, but normal reflexes and sensation. She did not describe any atrophy. Dr. actually examined her and found no neurological loss on 6/19/07.

There was an EMG reportedly done on 6/3/05 that showed left carpal tunnel syndrome. The actual report was not provided. It is not known if the studies included her left upper extremity.

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

This lady was injured. The Reviewer does not have any reports of the initial evaluations. Both Dr. and Dr. examined her cervical region and upper extremities. Neither found evidence of any radiculopathy. Ms described changes in February note seen in December, 3 months earlier. The Reviewer does not know if the prior EMG involved one or both extremities. Degenerative changes in the cervical spine are common in someone of this age and with the history of physically demanding duties. It is possible she has a cervical radiculopathy that was not present when previously examined. This does not necessarily mean the problem is related to the 2005 injury, but rather it could be from her prior physical activity and aging. The ODG does permit MRIs for chronic neck pain, but requires an assessment of the neurological findings and prior cervical xrays. The Reviewer does not see where any prior cervical xrays were performed to warrant the new MRI per the ODG criteria.

ODG Magnetic resonance imaging (MRI)

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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