



Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 01/18/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat cervical spine MRI scan.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., Diplomate of Congress of Chiropractic Consultants, 24 years of active clinical chiropractic practice, Texas Department of Insurance/Division of Workers' Compensation Designated Doctor Approved Doctor's list, Impairment Rating and Maximum Medical Improvement Certified through Texas Department of Insurance/Division of Workers' Compensation

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
722.0	72141		Prosp.						Overturn

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient states she was injured on the job on xx/xx/xx when she was hit by a slow-moving SUV while she was walking. This caused her injuries. She was seen by several doctors over a period of time. Numerous diagnostic tests were performed, including a cervical spine MRI scan dated 12/29/06, which revealed a C5/C6 disc extrusion with some cord impingement. She had received chiropractic care, therapy, medication, and injections. She continues to have ongoing problems and as recently as 12/03/08, she was seen for evaluation, which documented continued ongoing objective findings. The records did confirm that there is a deterioration of neurological dermatome levels to the C6 nerve root on the left. Also noted is muscle weakness in the left upper extremity, which also coincides with a C6 nerve involvement.

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

Based upon the current ODG Guidelines, it is medically necessary to perform a repeat cervical spine MRI scan when there is clinical documentation of progressive neurological deficit and chronic ongoing cervical spine pain. Such is the case in this instance. As mentioned above, there are neurological deficits related to the C6 nerve root on the left as well as muscle weakness that coincide with the same nerve root. Given the fact that this injury is several years old and she continues to have symptomatology in conjunction with

progressive neurological deficit, it is usual, customary, and medically necessary for the patient to undergo a repeat cervical spine MRI scan.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, clinical experience and expertise in accordance with 22 years of practice established, accepted chiropractic and 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 national accepted medical literature (provide a description).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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