



**DATE OF REVIEW:** 07/06/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

MRI of the Neck Spine w/o Dye, Inject Spine C/T, Fluoroguide for Spine and ASC Facility Service

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

Board Certified in Orthopedic 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

MRI of the Neck Spine w/o Dye – Upheld  
Inject Spine C/T – Upheld  
Fluoroguide for Spine – Upheld  
ASC Facility Service – Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Follow Up, , M.D., 01/07/09, 02/04/09, 03/18/09, 04/29/09, 06/10/09
- Authorization for MRI of Cervical Spine, Dr., 03/25/09, 04/09/09
- Denial Letter, , 04/16/09, 05/05/09

- Request for Reconsideration, , 04/28/09
- Cervical X-Ray, , M.D., 04/29/09
- Right Shoulder X-Ray, Dr., 04/29/09
- The ODG Guidelines were not provided by the carrier or the URA.

**PATIENT CLINICAL HISTORY (SUMMARY):**

The patient had pain in his shoulder and in the neck region. He had an x-ray performed of the right shoulder and cervical spine. He was diagnosed with cervical disc with myelopathy and rule out rotator cuff tear of the right shoulder. He was treated with Naprosyn.

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

The MRI of the cervical spine without dye, CT guidance and ASC facility service is not medically reasonable and necessary.

The rationale for non-certification of the MRI of the cervical spine is that the claimant has had one MRI previously in 2006 and, at this time, the medical records reviewed do not contain information indicating a new or worsening focal neurological deficit. Official Disability Guidelines would support a repeat MRI only if there is a worsening focal deficit. The claimant, not having such a deficit, would not be a candidate for a repeat MRI, and the attendant CT- Fluoro and ASC facility charge would not be indicated. This is in line with Official Disability Guidelines.

**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)**