

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** MARCH 13, 2009

**IRO CASE #:**

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

Medical necessity of proposed MRI of the Cervical Spine w/o contrast

### **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
847.0	72141		Prosp	1					Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-18 PAGES

Respondent records- a total of 72 pages of records received to include but not limited to:  
PHMO Notice of Assignment; letter 1.9.09, 1.26.09; claim notes, 1.7.09-1.23.09;  
Spine Associates notes, 8.19.08-1.9.09; Dr. notes 7.30.08; Cervical CT and Discogram 6.23.08;  
MRI Brain 10.16.07; MRI C-Spine 10.16.07; x-rays c-spine 10.16.07; Ultra Diagnostics 12.19.07

Requestor records- a total of 20 pages of records received to include but not limited to: Spine Associates notes, 8.19.08-12.23.09; Dr. notes 7.30.08; Cervical CT and Discogram 6.23.08; MRI Brain 10.16.07; DWC 73; Ultra Diagnostics 12.19.07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female and had a head and neck injury on xx/xx/xx when a crowbar slipped and struck her head. A MRI of the cervical spine had been completed on 10/16/07 and allegedly showed a C5-6 disc bulge.

On 12/19/07, Dr. interpreted an upper extremity and cervical spine electrodiagnostic study that showed bilateral median nerve neuropathy and entrapment at the wrist. On 6/23/08, Dr. did a five level cervical discogram and reported that the C4-5 level was abnormal on the discogram, but the post discogram CT scan was abnormal at C5-6. On 8/19/08 Dr. evaluated the patient and proposed a cervical spine C5-6 fusion surgery. On 12/23/08 Dr. noted increased neck symptoms but no neurologic deficits. He proposed a repeat cervical spine MRI.

On 1/9/09 and 1/26/09 a preauthorization review was completed.

**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.**

There are no new neurologic deficits objectively that would validate another cervical spine MRI per the **Official Disability Guidelines** criteria. The electrodiagnostic study was negative for cervical radiculopathy. Thus, the request is not approved as a medical necessity.

**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