

SENT VIA EMAIL OR FAX ON  
May/11/2009

# Applied Resolutions LLC

An Independent Review Organization  
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**DATE OF REVIEW:**  
May/08/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Repeat MRI Cervical Spine W/O Contrast; Repeat MRI Lumbar Spine W/O Contrast

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

**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 4/3/09 and 4/14/09

Claims Management 4/22/09

Dr. 3/25/09 thru 4/13/09

Cervical Spine 9/18/07

MRI 9/19/07

Dr. 9/18/07 and 11/8/07

Dr. 12/6/07

Pain & Recovery 1/8/08

Dr. 1/15/08

Psych Eval 1/15/08 and 3/10/08

Dr. 6/3/08

Rehab Group 03/10/2008, 03/18/2008

Rehab 06/05/2008, 06/20/2008, 07/02/2008, 08/19/2008, 11/24/2008, 12/11/2008, 12/30/2008, 01/07/2009, 01/21/2009, 02/02/2009, 02/16/2009, 03/02/2009, 03/11/2009  
8/19/08 and 11/3/08

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female with a date of injury xx-xx-xx. She complains of intractable headaches, neck pain, and back pain with intermittent numbness into her back and legs. She has had chiropractic treatment, PT, ESI, and trigger point injections. She has undergone 20

sessions of a chronic pain management program. Her examination reveals positive facet signs and slight hypesthesia to pinprick over the right foot and both hands. An MRI of the cervical spine 09/19/2007 shows mild spondylosis at C3-C4 with flattening of the thecal sac and minimal right neuroforaminal narrowing. There is multi-level facet arthropathy. MRI of the lumbar spine 09/19/2007 reveals some lumbar facet hypertrophy at L4-L5 and L5-S1. The provider would like to obtain repeat MRI's of the cervical and lumbar spine.

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

The repeat MRIs of the cervical and lumbar spine are not medically necessary. The claimant has a chronic pain condition. It does not appear that she has any new complaints and certainly has no new neurological findings. According to the ODG, repeat MRI's are indicated for progressive neurological findings. Given the absence of this, the repeat MRI's are not medically necessary.

References/Guidelines

2009 Official Disability Guidelines, 14th edition

“Neck and Upper Back” chapter:

MRI indications

“Low Back” chapter:

MRI indications

**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)