

SENT VIA EMAIL OR FAX ON
Apr/07/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical MRI

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 3/1/10, 3/15/10, and 3/17/10
Peer Reviews 2/25/10 and 3/15/10
LOMC & Physicians Notes 4/4/08 thru 3/23/10
MRIs 5/20/08 and 4/17/08
Dr. 1/14/10
Dr. 1/13/09 and 2/3/09
EMG/NCS 11/20/08

PATIENT CLINICAL HISTORY SUMMARY

This man was injured on xx/xx/xx in a truck roll over. He subsequently had right shoulder pain. The shoulder MRI was normal. An MRI on 5/20/08 described a small C5/6 disc encroaching on the right C6/7 foramen. There were spondylotic changes at C6/7 and osteophytes at C3/4 on the right. An EMG on 11/20/08 showed right cervical paraspinal abnormalities and was felt to be a C6 radiculopathy. There were no abnormalities in the extremity. A myelogram was performed in January 2009. Dr. described it as showing right-sided C6/7 root attenuation with thecal sac indentation of the cord at C5/6. His neurological examination showed intact strength, but generalized absent DTRs of the upper extremities. He was taken off work pending a repeat MRI and pending surgery. Dr. noted that he wanted a flexion/extension MRI to accentuate any disc instability.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

The ODG addresses the role of an MRI. There are the persistent symptoms present and the spondylosis. While this meets the criteria, it does not in itself justify a second MRI after the prior abnormal cervical myelogram (with CT). There is the exception in that the question of surgery is being considered. Based upon the symptoms and the prior MRI and CT Myelogram, this man has a radiculopathy. It is not clear what is the agent. The IRO Reviewer gathers that Dr. is ordering the test to plan surgery, but that also includes avoiding unnecessary surgery. Strictly by the ODG, then the MRI would not be justified. However the ODG does state that:

“The publications are guidelines, not inflexible prescriptions and they should not be used as sole evidence for an absolute standard of care. Guidelines can assist clinicians in making decisions for specific conditions...but they cannot take into account the uniqueness of each patient’s clinical circumstances.

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Therefore, the IRO Reviewer’s medical assessment is that the MRI is medically necessary.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)