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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/04/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient cervical MRI without contrast

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

MD, Board Certified Neurosurgeon

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

Forte, 6/30/10, 7/7/10

Rehabilitation Center 6/14/10 to 7/19/10

M.D. 10/15/08 to 6/24/10

Hospital 11/20/08

Hospital 9/24/08, 7/10/08, 6/23/10

ODG Guidelines

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female with a date of injury xx/xx/xx, after lifting a heavy object. She is status post C5-C6 ACDF 09/24/2008. She made complete recovery at that time. She was seen 08/06/2009 and had made a complete recovery with no pain and was not taking any analgesics. She complains of increasing right shoulder problems, as well as neck and bilateral radicular arm pain, worse on the right, with some numbness and dysesthesias in both arms. Apparently, she is to have right shoulder surgery. She has undergone recent physical therapy (of shoulder and neck) and takes NSAIDs. Her examination reveals depressed reflexes in the upper extremity and diffuse weakness as well as decreased sensation in the right upper extremity. Plain films of the cervical spine 06/21/2010 reveal stable postoperative changes. The provider is requesting repeat MRI of the cervical spine.

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

The repeat MRI of the cervical spine is medically necessary. According to the ODG, "Neck and Upper Back" chapter an MRI is indicated when there is "chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present." In this case she has radicular symptoms and diffuse weakness of the right upper extremity. These symptoms are new, as her prior symptoms had previously completely resolved after the surgery. She has undergone a course of physical therapy and NSAIDs and still remains quite symptomatic. The request satisfies the ODG for repeat MRI. The reviewer finds that medical necessity does exist for Outpatient cervical MRI without contrast.

2010 Official Disability Guidelines, "Neck and Upper Back" chapter

Indications for imaging -- MRI (magnetic resonance imaging):

- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present

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)