

SENT VIA EMAIL OR FAX ON
Jan/07/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/06/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Myelogram with Cat Scan

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

Board Certified Neurologist with 30 years experience in clinical practice

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 Letter 12/11/09

9/30/09 thru 12/11/09

Drs. and 10/13/09 thru 11/12/09

MRI 9/6/09

Dr. 11/2/09

Progress Notes 8/18/09 thru 9/25/09

PATIENT CLINICAL HISTORY SUMMARY

On xx/xx/xx, Ms. injured her neck while lifting a bag of linen. Examination on 11/12/09 showed normal neurological examination, suboccipital and scalene muscle spasms and decreased ROM of the neck. MRI on 9/8/09 showed minimal multi-level degenerative changes and small or tiny disk bulges. EMG is normal.

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

This patient complains of neck pain, headache and numbness of both hands and arms with a normal neurological examination, normal EMG, and minimal degenerative changes on MRI. There is cervical muscle spasm persisting with diminished ROM of the neck. What is the

reason for the ongoing symptoms? Little information is supplied about the patient's activities during the time post injury. Is she exercising? Is she tossing and turning at night as a mechanism of continuing pain? Is she misusing narcotic medication by performing strenuous activity after narcotic use? Is malingering or symptom magnification present? In this clinical situation further history and physical examination may answer these questions. Surgery is not indicated in this clinical situation. Any structural changes shown on myelogram or CT would not change the fact that EMG and neurological examination is normal. The ODG does not recommend cervical myelogram in this clinical setting.

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)