

SENT VIA EMAIL OR FAX ON
Jun/15/2010

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/14/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of the Cervical Spine

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 Letters 4/8/10 and 5/13/10

Dr. 6/12/10 thru 5/4/10

8/27/09 thru 12/30/09

Medical Eval 8/20/09

Dr. 6/22/09 thru 7/15/09

Dr. 4/30/09

MRI 6/6/08

X-Ray 5/30/08

Dr. 2/7/08

PATIENT CLINICAL HISTORY SUMMARY

On xx/xx/xxxx, Mr. was injured in a fall. He suffered a complete rotator cuff tear and complained of low back and neck pain. He underwent a rotator cuff repair but he continues to complain of neck and back pain radiating down the left arm. Multiple examinations showed neck pain and decreased sensation in C5 and C6 distributions and no other neurological deficit demonstrated. EMG does not confirm significant radiculopathy. MRI shows multilevel spondylosis worst at C5-6. Epidural steroid injections transiently relieved pain.

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

This patient has continuing pain radiating down left arm with no motor deficit and inconclusive EMG. What is the cause of the continuing neck pain? Aggravating factors could include tossing and turning in his sleep, unintentionally spraining muscles while under the influence of narcotic medication, poor nutrition, poor physical conditioning, depression and obesity. Even if radiculopathy can be demonstrated, a neck operation in this clinical situation has little chance of being successful. The IRO Reviewer am not convinced from reading the record that the cause of the neck pain is not muscular sprain aggravated by both physical and psychological factors. Expectations of relief of pain with surgery are unrealistic. In any case the patient refuses surgery and an MRI would not influence the future treatment plan.

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)