

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: JUNE 1, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed MRI Cervical Spine (72141)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
723.4	72141		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 27 pages of records received to include but not limited to:
4.12.10, 4.19.10, 4.21.10, 5.12.10; TDI letter 5.11.10; Request for an IRO forms; report 4.12.10, 4.21.10; Review Request 4.9.10; Comprehensive Physical Exam 4.7.10; study note 3.24.10

Requestor records- a total of 25 pages of records received to include but not limited to: PHMO Notice of an IRO; CT Cervical report 4.24.10; letter 4.12.10, 4.19.10, 4.21.10, 4.29.10; report 4.24.10; notes, Dr. 4.6.10-4.20.10; Review Request 4.9.10, 4.29.10; study notes 3.24.10

PATIENT CLINICAL HISTORY [SUMMARY]:

The records presented for review begin with the prior notice of non-certification. The apparent reason was the lack of any findings on physical examination to support this study. Dr. completed the second assessment, and also did not certify the request as there was a positive Spurling but no other finding.

There was an axial CT of the cervical spine completed on April 24, 2010. There were no acute fractures, but a multiple level spondylosis. The ER note indicates complaints of neck pain, both upper extremities and hand numbness. Some weakness of the hand was reported. The past medical history was significant for a major depressive disorder and generalized arthritis.

The original non-certification was appealed as the physical examination was reportedly in transcription and with the appeal, that assessment was forwarded for evaluation. The April 28, 2010 evaluation by Dr. noted a worsening neck and left arm pain situation. This typewritten note did not have any physical examination findings presented. In fact there was a reference noting that the injured employee "did not appear to be having any discomfort in his left arm and I watched him turning the steering wheel with his left arm without any apparent discomfort". The April 20, 2010 evaluation noted some non-dermatomal sensory losses.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines (Updated April 16, 2010), the standards for a cervical MRI are

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

- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present
- Neck pain with radiculopathy if severe or progressive neurologic deficit
- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present
- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present
- Chronic neck pain, radiographs show bone or disc margin destruction
- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"
- Known cervical spine trauma: equivocal or positive plain films with neurological deficit

As presented by the requesting provider, there are no neurologic signs, there is no evidence of a verifiable radiculopathy, there are no changes on radiographs and no findings to suggest ligamentous injury. The standards listed above are not presented in the medical records or physical examination of the requesting provider.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES