

SENT VIA EMAIL OR FAX ON
Apr/20/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI Cervical Spine

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

Board Certified Orthopedic 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

1. Office visit notes, MD 01/07/10 through 03/29/11
2. Radiology report cervical spine x-rays 10/18/10
3. Radiology report chest x-ray 10/12/10
4. Laboratory specimen inquiry report 10/12/10
5. Echocardiogram 10/12/10
6. Discharge summary 10/19/10
7. Operative report 10/18/10 regarding ACDF C5-6
8. History and physical 10/18/10
9. History and physical 01/07/10
10. Procedure report cervical epidural steroid injection 01/26/10
11. History and physical 02/22/10
12. Discharge summary 02/23/10
13. Utilization review determination 02/03/11 regarding non-certification MRI cervical spine
14. Utilization review determination regarding non-certification reconsideration/appeal request MRI cervical spine
15. Reconsideration request letter 02/17/11
16. Fax transmission 01/28/11
17. Workers' Comp claim information updated 05/04/10
18. MRI cervical spine without contrast 11/23/09

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is XX/XX/XX. Per history and physical report dated 01/07/10 the injured employee presented with chief complaint of neck pain that radiates to the left upper extremity, left shoulder blade and left occipital scalp. The injured employee was noted to have these symptoms since XX/XX/XX when he got an adjustment from a chiropractor. MRI of the cervical spine on 11/23/09 revealed a focal large disc

herniation eccentric to the left at C5-6 with mild to moderate central, severe estimated left and mild to moderate estimated right foraminal narrowing. There is no cord edema. After failing a course of conservative care, the injured employee is status post ACDF C5-6 performed 10/18/10. The injured employee was seen in follow up on 12/30/10 two and a half months post-operatively. X-rays of the cervical spine look good. The injured employee was pleased with surgical outcome. Pre-operative pain has resolved. He still has some posterior neck pain. Per clinic notes dated 01/25/11 the injured employee stated he started having increasing neck pain after wrestling with one of his nephews. The injured employee was prescribed Medrol DosePak. On 01/27/11 the injured employee was followed with chief complaint of neck pain. The injured employee was noted to have done well initially after surgery with ACDF at C5-6 but now is having recurring neck pain. X-rays were negative for any changes. The injured employee was recommended for repeat MRI of the cervical spine.

A utilization review by Dr. on 02/03/11 determined MRI of the cervical spine was not certified as medically necessary. Dr. noted the injured employee to be status post cervical spine fusion of the C5-6 with hardware. Dr. noted that Official Disability Guidelines state specific criteria for necessity of MRI and that documentation submitted for review was insufficient to determine necessity for MRI. There was no supporting documentation to determine what conservative treatments were administered and if there were any documented functional improvements. No recent documentation was submitted to indicate physical examination findings of neurologic deficits.

A reconsideration/appeal request was reviewed by Dr. on 02/25/11, and Dr. determined the appeal request for MRI of the cervical spine was non-certified. Dr. noted that medical report dated 01/25/11 indicates the injured employee is having increased neck pain after wrestling with one of his nephews. He is status post anterior cervical discectomy and fusion at C5-6 on 10/18/10. Dr. noted that failure to respond to recommended conservative treatments such as oral pharmacotherapy or rehabilitation was not objectively documented. Official reports of previous plain radiographs prior to this request were likewise not provided. As such medical necessity of the requested service has not been established.

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

Based on the clinical information provided, medical necessity is not established for MRI of the cervical spine. The records indicate the injured employee underwent ACDF C5-6 on 10/18/10. The injured employee initially did well following surgery. He subsequently presented with subjective complaints of increased neck pain after wrestling with one of his nephews. No radiology reports were presented, but x-rays reportedly were negative for any changes. There was no detailed physical examination report documenting motor, sensory or reflex changes to warrant repeat MRI of the cervical spine.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES