

SENT VIA EMAIL OR FAX ON
Aug/15/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/12/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
MRI without contrast of Thoracic Spine

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Family 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

1. Utilization review determination 07/05/11
2. Peer review report 06/30/11
3. Utilization review determination reconsideration / appeal 07/18/11
4. Peer review report 07/12/11
5. Radiology report 11/11/09 including x-rays thoracic spine and x-rays cervical spine
6. Radiology report 11/25/08 including MRI right knee, MRI thoracic spine, MRI right ankle, MRI lumbar spine, and MRI cervical spine
7. Radiology report 11/10/08 MRI left shoulder
8. Office visit notes Dr. 03/17/11 and 05/16/11
9. Worker's compensation utilization review request and reconsideration request

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate he sustained injury to low back when a cable line snapped causing pipe strand and Kelly blocks to fall striking the injured employee, and severing the left arm below the elbow. The injured

employee underwent multiple diagnostic studies including x-ray of thoracic spine on 11/11/09 and MRI thoracic spine on 11/25/08. Thoracic MRI reported dehydration and desiccation T2-10, with old Schmorl's nodule present along the inferior vertebral endplate of T9, otherwise vertebral bodies, pedicles and posterior elements are unremarkable. The width of spinal cord is normal with normal signal intensity and no evidence of any significant intramedullary, extramedullary intra or extra dural defect. X-rays of thoracic spine were reported as unremarkable for acute osseous abnormality.

A request for MRI of thoracic spine without contrast was reviewed on 06/30/11. Per utilization review determination dated 07/05/11, the request was determined as non-authorized. It was noted there were no new red flags and / or development of new and significant positive objective findings or progressive deficits to warrant repeat MRI scan. The injured employee had previous thoracic MRI dated 11/25/08 that revealed disc degeneration. There was no documentation of new injury or aggravation of prior injury. As such, MRI is not medically necessary.

A reconsideration / appeal request for thoracic MRI without contrast was reviewed on 07/12/11. Per utilization notification dated 07/18/11, the request was non-authorized. It was noted there was no evidence of radiculopathy / myelopathy or neurologic deficit that is specified in records provided. The presence of any of the above indications is not specified in records provided. The records submitted for review contain no accompanying and current complete clinical documentation from treating physician or requesting provider regarding recent patient reassessment or otherwise addressing the factors of prolonged disability. Any significant change in the claimant's symptoms or signs since last thoracic spine MRI is not specified in records provided. As such, it was determined medical necessity was not fully established for thoracic spine MRI. .

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

The clinical data provided for review does not support a determination of medical necessity for MRI without contrast of the thoracic spine. Claimant is noted to have sustained injuries on xx/xx/xx. Numerous diagnostic studies were performed including MRI of the cervical, thoracic and lumbar spine. Thoracic spine MRI on 11/25/08 revealed degenerative changes with disc dehydration and disc desiccation from T2 through T10. There is an old Schmorl's nodule along the inferior vertebral endplate of T9, otherwise vertebral bodies, pedicles and posterior elements were unremarkable. There was no evidence of spinal stenosis, and spinal cord signal intensity was normal. There is no documentation of any recent significant change in symptoms. No detailed physical examination findings with evidence of progressive neurologic deficit such as motor weakness, diminished sensation, or reflex changes were documented. Per Official Disability Guidelines, repeat MRI is not recommended and should be reserved for patients with significant change in symptoms or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recurrent disc herniation). There is no evidence that the injured employee meets any of the criteria, and thoracic spine MRI without contrast is not indicated as medically necessary.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES