

Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

72141 MRI Neck Spine w/o dye

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

M.D., Board Certified Orthopedic Surgeon

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

Official Disability Guidelines and Treatment Guidelines

C-spine MRI: 09/21/98, 12/13/1999, 08/10/03

Dr.: 09/29/08, 21/25/08, 03/26/09, 06/30/09, 11/23/09, 02/23/10, 06/24/10, 11/12/10

Script for Cervical MRI: 11/12/10

Peer Reviews: 11/19/10, 12/30/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his cervical spine on xx/xx/xx. Neither the mechanism of injury nor the initial diagnosis was provided. A cervical spine MRI done on 12/13/1999 showed a moderate sized right para-central disc protrusion or disc bulge at C5-6 and a large posterolateral osteophyte and/or disc bulging C4-5 on the left. A repeat cervical MRI in 2003 showed similar findings. The claimant reportedly had another cervical MRI in 2008 (no report provided) that showed a C4-5 protrusion. The claimant continued to have neck pain for which he was taking Norco. When he saw Dr. on 06/23/10, X-rays showed that from C3-C6 there was significant disk space narrowing noted throughout each segment, some bony osteophytes were noted on each vertebral body anteriorly, but no instability or fractures were noted. The claimant had 5/5 strength in his upper extremities on examination on 11/12/10. His sensation was intact, his had normal deep tendon reflexes and a positive Spurling's. Dr. recommended an updated MRI. This was non-certified in a peer review on 11/19/10 as there was no indication of a neurological abnormality objectively. A second peer review on 12/30/10 also non certified the MRI as there were no objective or red flag signs or symptoms that indicated a need for a new MRI.

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

This is a review for the medical necessity of a repeat cervical MRI. This has previously been

reviewed twice and non-certified. The information was reviewed. There is no indication of a progressive or new neurologic abnormality and the neurological examination was normal. The indication for the repeat MRI was not adequately expressed in the information provided. The reviewer finds no medical necessity at this time for 72141 MRI Neck Spine w/o dye.

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)