

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 04/25/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient MRI of the cervical and lumbar spine.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Doctor of Chiropractic; Diplomate, Congress of Chiropractic Consultants

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
			<i>Prosp.</i>						<i>Overturn</i>

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 03/29/11 & 04/06/11, including criteria used in the denial.
3. Correspondence from orthopedist 04/05/11, and H&P 03/21/11.
4. Progress notes and evaluations from treating doctor 11/10/10, 12/15/10 & 01/17/11.
5. Ophthalmology evaluations and follow up 02/26/09, 04/30/09, 05/21/09.
6. Range of motion & manual muscle test 01/25/11.
7. Radiology reports, cervical MRI and left shoulder MRI 06/03/08.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient was injured at work on xx/xx/xx, when she fell on her left side, injuring her neck, left shoulder and low back. She had a MRI of the cervical spine (06/03/08) and left shoulder. The cervical spine MRI revealed a C5-C6 diffuse disc herniation. The left shoulder MRI revealed positive findings that required surgery. She was able to return to work in 2009, but continued to have symptoms related to her injury. She never had a lumbar spine MRI.

Evaluation dated 11/10/10 revealed significant subjective and objective findings to include decreased reflexes, progressive neurological deficit, positive orthopedic testing and muscle weakness to both upper and lower extremities. Recent orthopedist office visit on 03/21/11 revealed subjective symptoms and significant objective findings, including decreased ROM, positive straight leg raising test, muscle weakness and diminished left ankle jerk reflex.

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

These presentations clearly meet the ODG guidelines criteria and clinically justify and establish the medical necessity for the requested repeat cervical spine MRI and lumbar spine MRI. It appears the patient has suffered a recurrent disc herniation that can only accurately be documented via a repeat cervical MRI with comparison to previous cervical MRI.

Patients with severe or progressive neurologic deficits from lumbar disc herniation, or subjects with lumbar radiculopathy who do not respond to initial appropriate conservative care, are also candidates for lumbar MRI to evaluation potential for spine interventions, including injections or surgery. This is the situation with regard to this patient.

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

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines: