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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
REPEAT CERVICAL MRI

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified Neurosurgeon

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

Services Corporation 12/10/10, 1/4/11
Diagnostic 7/29/10 to 12/10/10
Chiropractic Clinic 11/30/10
Brain and Spine Institute 8/24/10
Family and Occupational Medicine 10/27/10
ODG Neck: MRI

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a date of injury xx/xx/xx, when he fell 8-9 feet off of scaffolding. He has undergone chiropractic care and physical therapy. An MRI of the cervical spine 07/29/2010 at C4-C5 a tiny left paracentral disc protrusion measuring 3mm, which indents the ventral surface of the thecal sac and abuts the spinal cord. There is no significant central canal or foraminal stenosis. At C6-C7 there is a small central disc protrusion measuring 2-3 mm and indents the surface of the thecal sac. There is no central or foraminal narrowing. On 11/13/2010 he was found to have weakness of the left deltoid with a mild sensory disturbance in the left C6 dermatome of the forearm. Prior neurological examinations had been normal. The provider is requesting a repeat cervical MRI.

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

The repeat MRI of the cervical spine is medically necessary. According to the ODG, "Neck and Upper Back" chapter, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant

pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)". In this case, the claimant has new findings on neurological examination that were not present before. Prior examinations had been normal. The reviewer finds that the repeat cervical MRI is therefore, medically necessary.

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)