

Wren Systems

An Independent Review Organization
3112 Windsor Road #A Suite 376
Austin, TX 78703
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of the head without contrast

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

M.D., Board Certified Physical Medicine and Rehabilitation and Pain Management

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

Request for IRO dated 11/03/11

Utilization review determination dated 09/06/11, 10/04/11

Designated doctor evaluation dated 10/21/11

MRI of the lumbar spine dated 08/11/11, 07/26/11

Peer review Dr. dated 09/08/11

Clinical records Dr. dated 07/22/11, 07/29/11, 08/29/11, 08/12/11

Emergency department visit dated 08/05/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. He was driving a truck and the axle under the trailer broke causing the load to shift and the truck to roll. His truck went into a ditch and the claimant had to break glass to get out of the cab. He is reported to have used his head to break the glass. Dr. evaluated the claimant on xx/xx/x. His primary complaint is neck pain. He describes it as aching and he considers it to be minimal. It has been less than a day since the onset of pain. He reports that it seems to be constant. He reports pain in his back and describes it as aching. He further describes pain in the bilateral shoulders. On physical examination he is noted to be 76 inches tall and weighs 230 lbs. He is able to walk without difficulty. He appears to be healthy. He moves without difficulty. There are no abrasions on the head. There is bruising present. There is pain to palpation over the right parietal area. His ocular examination is normal. There is no evidence of abrasion in the neck. There is no decreased sensation. Range of motion is normal. Spurling's maneuver is negative. There is evidence of hypertonicity in the right cervical musculature. There is tenderness to palpation over the supraspinatus tendon of the right joint. Reflexes are normal. Cranial nerves II-XII are grossly intact. The claimant is opined to have a head injury, strain of the cervical spine, shoulder pain and shoulder strain.

Head injury precautions were discussed. His recommended work status is regular duty.

The claimant was seen in follow up on 07/29/11. At this time he reports being sore from the neck to the thighs. He continues to have complaints of pain in the lower extremities. He reports abdominal pain in the left lower quadrant, pain in the left clavicle. He appears to have a subconjunctival hemorrhage in the left eye. Physical examination is grossly unchanged. He was provided oral medications and recommended to follow up in 14 days. He was continued on regular duty.

Records indicate on 08/05/11 the claimant presented to Medical Center Emergency Department with acute cephalgia and neck pain. He has complaints of muscle spasms to right arm and hand, headaches in right temporal and behind right ear. He ambulated without assistance. He is noted to be cooperative and there are no neural deficits noted. He obeys commands. He is oriented to person, place time and situation. Speech was normal. Records indicate abnormal movement in hands. He has slight tremors. He subsequently underwent radiographs of cervical spine, which noted degenerative change with disc space narrowing at C5-6 and underwent CT of brain/head without contrast, which was unremarkable.

The claimant was seen in follow-up on 08/29/11. His primary complaint is of head injury. He described it as aching. He reported symptoms are worse at night. He reported it is worse with sleeping. He reported difficulty sleeping. He continues to have shoulder pain. On physical examination he is noted to have tenderness to palpation over the right parietal area without swelling or bruising. His ocular exam is normal. His exam of neck notes some tenderness to palpation of right posterior neck. Spurling's maneuver is negative. There is tenderness to palpation over the left clavicle. He is neurologically intact. It is noted the claimant has not seen neurologist although he continues to have increasing headache and tremor. For further evaluation he recommended MRI of head and neck.

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

This man was involved in roll over motor vehicle accident with primary complaints of neck, shoulder, and low back pain. It is reported he broke the window with his head. There are no significant neurologic abnormalities noted on serial physical examinations approximately 2 weeks post date of injury when he developed headache. At this time he was evaluated at local emergency department and CT of head was performed without evidence of intracranial pathology. He has not been seen by neurologist, and is noted to have presence of essential tremor in bilateral hands, which does not appear to be related to accident. He has been seen by designated doctor and placed at maximum medical improvement. There is no data to indicate performance of MRI on brain would ultimately result in any significant changes in the claimant's treatment and currently would not meet ODG guidelines. The reviewer finds no medical necessity for MRI of the head without contrast.

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)