



Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 04/27/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI Spinal Canal Cervical; No Contrast 72148

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

Board Certified in Orthopedic Surgery

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

MRI Spinal Canal Cervical; No Contrast 72148 – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Patient History Form, 08/22/11
- Progress Notes, 08/22/11, 09/14/11, 09/23/11, 10/28/11, 12/09/11, 01/20/12
- Workers Compensation, Undated

- Case Report, 01/27/12, 02/15/12
- Denial Determination Notice, 01/31/12
- Adverse Determination of Appeal/Reconsideration Notification, 02/17/12
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient complained of pain and weakness in the left shoulder that had been ongoing for the previous five months. An MRI of the shoulder showed a re-tear of the rotator cuff with a complete tear of the supraspinatus off the greater tuberosity. He did undergo an arthroscopy of the left shoulder. His shoulder appeared to be healing; however, he was having pain in the trapezius over to the cervical spine. An MRI of the cervical spine was requested.

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

The ODG criteria for MRI includes: 1) Chronic neck pain after three months of conservative care with neurological signs or symptoms present (the claimant has not had three months of conservative care and does not have neurological signs or symptoms); 2) neck pain with radiculopathy; 3) severe progressive neurological deficit (a severe progressive neurological deficit is not documented); and 4) chronic neck pain with x-ray evidence of spondylosis with neurological signs or symptoms or old trauma with neurological signs or symptoms, or bone or disc margin destruction (there are no plain film radiographs of any significant pathology noted). Therefore, at this time, an MRI of the cervical spine is not medically indicated. Therefore, at this time, I recommend non-certification of the requested MRI of the cervical spine.

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**