



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

January 5, 2012

DATE OF REVIEW: 1/5/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Is the HDI, MRI on cervical spine deemed medically necessary for this patient?

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

Texas State Licensed DO Board Certified Physical Medicine & Rehab Physician.

REVIEW OUTCOME [PROVIDE FOR EACH HEALTH CARE SERVICE IN DISPUTE]

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to 12/19/2011
2. Notice of assignment to URA 12/19/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 12/19/2011
4. Company Request for IRO Sections 1-3undated
5. Request For a Review by an IRO patient request 12/19/2011
6. Legal Correspondence 12/19/2011, information from insurance 12/16/2011, 11/16/2011, examination findings 11/3/2011, 07/19/2011, 06/23/2011, medicals, 12/16/2010, 11/15/2010, 10/14/2010, 10/04/2010, 09/16/2010, 08/16/2010, 08/02/2010, 04/23/2010, 04/19/2010, 11/05/2009, 10/29/2009, 02/07/2009,
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

The claimant is a male who sustained a xx/xx/xx, occupational lower back injury. He is currently under the care of MD. The claimant had completed a chronic pain/work-conditioning program of 20 hours when he was seen by Dr. on November 3, 2011. At that point, Dr.



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



recommended a cervical spine MRI scan because of a flare of cervical pain and bilateral upper extremity radicular pain. The physical examination findings by Dr. dated November 3, 2011 concerning the cervical spine demonstrates no associated upper extremity neurologic impairment with the exception of bilateral C6 hypesthesia. No other upper extremity focal motor/sensory impairment is noted. Cervical spine ranges of motion are essentially normal with the exception of mild limitations of bilateral rotational motion. There was no request of a cervical spine diagnostic x-ray series.

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

Based upon on Official Disability Guidelines, the requested cervical spine MRI scan is not approved, as these guidelines are not satisfied. With regard to MRI imaging of the cervical spine, the Official Disability Guidelines state, "Not recommended except for indications listed below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings do not need imaging. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neural compression, and recurrent disk herniation)".

Indications for imaging-MRI (magnetic resonance imaging):

Chronic neck pain (= after 3 months of conservative treatment): Radiographs normal, neurologic signs or symptoms present.

Neck pain with radiculopathy: If severe or progressive neurologic deficit—chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present.

Chronic neck pain: Radiographs show old trauma, neurologic signs or symptoms present.

Chronic neck pain: Radiographs show bone or disk margin destruction—suspected cervical spine trauma, neck pain, clinical findings suggestive of ligamentous injury (sprain), radiographs and/or CT "normal"—known cervical spine trauma, equivocal or positive plain films with neurologic deficit.

After reviewing the medical documentation, the references cited, and the standard of care and practices, the HDI, MRI of the cervical spine is not considered medically necessary for this patient; therefore, the insurer's denial of these services is upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



- 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)**