

MAXIMUS Federal Services, Inc.
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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: January 27, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical MRI including 76498.

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

M.D., 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)

The requested cervical MRI including 76498 is medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 1/5/12.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 1/10/12.
3. Notice of Assignment of Independent Review Organization dated 1/10/12.
4. Medical records from Treatment Centers dated 4/11/11 through 12/19/11.
5. Letters from DO dated 12/1/11, 12/15/11 and 12/16/11.
6. Medical records from Surgical Group dated 7/19/11.
7. Medical records from dated 11/17/11.
8. Medical records from Radiology dated 7/18/11, 6/24/11 and 6/2/11.
9. Medical records from Exltek dated 6/6/11.
10. Medical record from MD dated 4/5/11.
11. Medical records from University Medical Center dated 3/17/11 through 3/20/11.
12. Denial documentation.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained a work related injury on xx/xx/xx, while operating a fork lift. The patient was reportedly thrown to the ground and the fork lift then ran over his left arm and left torso. The accident caused multiple scrapes and bruises, an angulated fracture of the mid left humeral shaft, a grade II spleen rupture, severe neck pain and severe low back pain. The patient continues to have constant neck and low back pain despite physical therapy and medication management. An x-ray of the cervical spine shows normal disc space narrowing at C4-5 and C5-6 and straightened cervical alignment with no fractures. The patient is requesting authorization for a MRI of the cervical spine including 76498.

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

Review of the submitted documentation demonstrates that this patient meets Official Disability Guidelines (ODG) for a cervical MRI. The ODG indications for a cervical MRI include "suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"." This patient sustained an on job injury that included a ruptured spleen, a fractured humerus and neck pain, which is considered to be a poly trauma. The x-ray of the patient's cervical spine showed normal disc space narrowing at C4-5 and C5-6, with no fractures. These results combined with the patient's loss of the cervical lordotic curve and his constant neck pain are suggestive of a ligamentous injury, sprain or soft tissue injury. Due to the traumatic nature of the patient's injury and his x-rays that are suggestive of a sprained neck, a cervical spine MRI including 76498 is consistent with ODG criteria and medically appropriate.

Therefore, I have determined the requested cervical MRI including 76498 is medically necessary for treatment of the patient's medical condition.

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 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)