



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 10/28/2012

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Cervical MRI

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

M.D. Board Certified in Occupational Medicine and Urgent Care.

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

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	10/08/2012
Forte Notice of Utilization Review Findings	8/30/2012-9/07/2012
Radiology Reports Follow Up Notes Behavioral Medicine Evaluation Consultation	5/14/2012-8/30/2012 11/28/2011-8/20/2012 3/19/2012 11/14/2011
Operative Report	4/26/2012
Operative Report	1/18/2012
MRI Report Rehabilitation Reports	11/22/2011 7/10/2012-8/08/2012
The State office of Risk Management Documentation Requested Faxed Notice of Disputed Issues and Refusal to pay Benefits	10/08/2012 10/31/2011-2/02/2012
Intraoperative Neuro- Physiological Monitoring	4/26/2012



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Patient Visit Notes	8/30/2011-10/26/2011
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PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant has chronic neck pain reportedly associated with an industrial injury. The claimant reportedly initially strained his neck while restraining a combative juvenile delinquent.

Thus far, he has been treated with the following: Analgesic medication, cervical epidural steroid injections, an anterior cervical discectomy, one-level fusion at C4-C5, and extensive periods of time off of work. Plain films of the cervical spine taken August 6, 2012 demonstrate satisfactory alignment of the hardware and evidence of consolidation of the fusion at C4-C5 level.

The most recent progress note of August 20, 2012 is notable for the comments that the claimant is now four months removed from his prior cervical fusion surgery, reports persistent and heightened axial neck pain, has well preserved motor function about the bilateral upper extremities, and receives recommendations to obtain a cervical MRI to rule out any new focal disk herniation that might account for his heightened symptomatology.

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

Per ODG references, the requested outpatient cervical MRI is not medically necessary.

The claimant has a remote history of prior cervical spine surgery and is approximately six months removed from the same. An office visit of August 6, 2012 suggests that the claimant is stable and exhibits well preserved upper extremity strength. The most recent visits, dated two weeks later, on August 20, 2012, suggests that the claimant is exhibiting heightened cervical spine pain. Plain films of the cervical spine were taken to further evaluate the same. These were described as normal, demonstrating satisfactory alignments of the indwelling fusion hardware and appropriate growth of the fusion. Per ODG criteria, repeat MRI imaging following cervical spine surgeries is not routinely recommended and should be appropriately reserved for those cases in which a claimant has new radicular signs or symptoms that might suggest a new focal herniated disk as a source of the claimant's symptoms. In this case, there are no such neurologic signs or symptoms present. Accordingly, the original utilization review decision is upheld.



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**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 KNOWLEDGE BASE
- 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