

# US Resolutions Inc.

An Independent Review Organization  
3267 Bee Caves Rd, PMB 107-93  
Austin, TX 78746  
Phone: (361) 226-1976  
Fax: (207) 470-1035  
Email: manager@us-resolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jan/22/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** MRI of Cervical and MRI Lumbar 72141 72148

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O. Board Certified Neurological 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 medical necessity exists for each health care service in dispute.** It is the opinion of the reviewer that these requests for MRI of Cervical and MRI Lumbar 72141 72148 would not meet Official Disability Guidelines and are not medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Request for IRO dated 12/28/12  
Receipt of request for IRO dated 01/02/13  
Utilization review determination dated 11/20/12  
Utilization review determination dated 12/27/12  
Emergency department records dated 07/06/10  
Inpatient progress notes  
CT of the abdomen dated 07/07/10  
CT of the pelvis with contrast dated 07/07/10  
CT of the chest with contrast dated 07/07/10  
CT of the cervical spine dated 07/06/10  
CT of the brain dated 07/06/10  
Radiographic report chest dated 07/06/10  
Radiographic report pelvis dated 07/06/10  
CT of the lumbar spine dated 07/06/10  
CT of the thoracic spine dated 07/06/10  
Radiographic report chest dated 07/07/10  
Clinical records Dr. dated 07/20/10, 08/31/10, 02/22/11, 04/26/11, 06/23/11, and 11/13/12  
MRI of the lumbar spine dated 06/09/11  
MRI of the thoracic spine dated 06/09/11  
MRI of the cervical spine dated 06/09/11

**PATIENT CLINICAL HISTORY [SUMMARY]:** The claimant is a male who is reported to have sustained multiple injuries as a result of a motor vehicle accident involving a tractor. The claimant was transported to the Healthcare System for evaluation on the date of injury. Records indicate that the claimant was subsequently admitted through xx/xx/xx.

The claimant was seen in follow-up on xx/xx/xx. The claimant takes a leave for pain management and has Hydrocodone PRN. He has no evidence of any neurologic compromise and he was to be followed on a periodic basis. Records indicate that the claimant was seen in follow-up on 08/31/10. He is reported to have no pain. His neurologic examination was intact. On 02/22/11, it is reported that the claimant has begun to develop low back pain. He further reports global numbness and tingling. Physical examination is normal with subjective complaints of numbness, tingling, and decreased sensation. He was subsequently recommended to undergo repeat imaging of the brain and cervical spine and thoracic spine and lumbar spine. Records indicated that on 06/09/11 the claimant underwent MRI of the cervical spine which noted disc bulges and annular tears at C5-6 and C6-7 at C5-6 there was a left paracentral disc protrusion which extended into the left lateral recess and left neural foramen likely affecting the exiting C6 nerve root. There was a diffuse disc bulge at C6-7 which was small in degree. The record included an MRI of the thoracic spine which noted a small central disc protrusion at T8-9 extending 3cm posteriorly into the osseous canal and the record included an MRI of the lumbar spine which noted mild facet joint hypertrophy with no evidence of central canal stenosis or neural foraminal stenosis and when seen in follow up on 06/23/11, it was reported that he had positive Spurling on the right with otherwise unremarkable findings and he was recommended to undergo ACDF at C5-6 and C6-7 and when seen in follow up on 11/13/12 the claimant reported that his pain was worsening and it was reported that his left arm was becoming increasingly uncomfortable and he reported problems in his low back. On physical examination, he was reported to have mild weakness of the TA and gastrocs bilaterally.

The initial review was performed by Dr. on 11/20/12 who non-certified the request noting that current physical examination findings provided no indication of severe or progressive neurological findings and that the record contained no documentation establishing that the claimant had failed conservative management.

The appeal request was reviewed by Dr. on 12/27/12 who non-certified the request noting a lack of clinical documentation of recent examination of the cervical spine and no clinical documentation of failed conservative treatment. She noted that MRIs performed on 06/09/11 did not substantiate a neurological deficit. She noted that conservative treatment had been tried twice and failed and subsequently non-certified the request.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The submitted clinical records indicate that the claimant fell from a tractor sustaining multiple transverse process fractures in the thoracic spine. It is reported that the claimant has undergone a course of conservative management however no supporting documents were submitted. The claimant has undergone multiple imaging studies with the most recent performed on 06/09/11. There has been no clear change in physical examination between this time and the subsequent request. Therefore, noting the lack of supporting clinical documentation to establish the failure of conservative management and noting no evidence of a progressive neurological deficit, it is the opinion of the reviewer that these requests for MRI of Cervical and MRI Lumbar 72141 72148 would not meet Official Disability Guidelines and are not medically necessary.

**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)