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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jul/08/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI (repeat) without contrast, cervical spine

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

PM&R

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Physical therapy reports dated 12/28/11 – 03/14/12

MRI of the right shoulder dated 02/18/11

MRI of the cervical spine dated 02/23/11

Clinical notes dated 10/25/11 – 02/28/13

Imaging review dated 01/03/13

Letter of medical necessity dated 05/20/13

Prior reviews dated 05/03/13 & 06/14/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx during turbulence of an airplane flight. The patient developed pain in the neck and upper back. Prior MRI studies of the cervical spine demonstrated a small disc protrusion at C5-6 without central or lateral recess stenosis. There was mild straightening and loss of the usual cervical spine lordosis and an incidental finding of a C6 hemangioma. There was a surgical recommendation for the right shoulder in November of 2011. Clinical report on 12/14/12 indicated the patient continued to report pain and numbness that has continued despite shoulder surgery and the use of anti-inflammatories and Soma. Physical examination at this visit demonstrated no neurological deficits and Spurling's signs were negative. The patient was seen on 01/03/13 with complaints of pain in the neck and mid back with associated right upper extremity weakness as well as numbness and tingling. Physical examination demonstrated no upper extremity weakness or long track signs. Sensation was intact and no reflex changes were noted.

There limited range of motion of the cervical spine. The patient was recommended to continue with anti-inflammatories as well as muscle relaxers. Follow up on 02/28/13 stated the patient continued to report radicular symptoms in the right upper extremity. Physical examination was again unremarkable for neurological deficits in the upper extremities.

The request for repeat MRI studies of the cervical spine was denied by utilization review on 05/03/13 as there was no evidence of neurological deficits indicating that repeat MRI studies would be warranted.

The request was again denied by utilization review on 06/14/13 as there was no additional evidence to establish a progressive or new neurological deficit that would support repeat MRI studies at this point in time.

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

The patient has been followed for ongoing complaints of neck pain radiating to the right upper extremity. The patient is noted to have undergone a prior right shoulder surgical procedure; however, no operative report was submitted for review. The patient's prior MRI study revealed no evidence of neurological compression from disc pathology and the patient's most recent exam findings were negative for any compressive or new neurological deficits. Current evidence based guidelines do not recommend repeat MRI studies unless there is evidence of new or progressively worsening neurological deficits. As this is not present in the clinical documentation submitted, it is this reviewer's opinion that the request does not meet guideline recommendations and would not be supported as medically necessary at this time. As such, the prior denials are upheld.

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