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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/31/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Spine MRI with and without Contrast

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

Board Certified Orthopedic Surgeon (Joint)

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
Clinical reports dated 11/15/12 – 04/12/13
Prior reviews dated 03/22/13 & 04/30/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. The patient is noted to have prior spine surgery in January of 2009. The initial clinical report on 11/15/12 stated the patient slipped and fell on ice on the date of injury and developed post injury dizziness and headaches which resolved. The patient continued to have shoulder pain. The patient's prior surgical procedures included an anterior cervical discectomy and fusion with corpectomy. Initial physical examination demonstrated torticollis to the right with limited range of motion in the cervical spine. No motor weakness in the upper extremities was noted and reflexes were 2+ and symmetric. No sensory changes were seen. Radiographs of the cervical spine identified a prior fusion at C4-5 with corpectomy that appeared fused. Radiographs of the right shoulder were reported as normal. The patient continued to report pain in the cervical spine with limited range of motion. The most recent evaluation on 04/12/13 continued to show a torticollis to the right. Hoffmann's sign was present bilaterally at this visit and reflexes were brisk in the upper extremities.

The request for updated MRI studies of the cervical spine with and without contrast was denied by a utilization review on 03/22/13 as there was no documentation regarding a focal neurological deficit on physical examination that would support imaging studies.

The request was again denied by a utilization review on 04/30/13 as the patient did not have any specified dermatomal deficits.

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

The patient reported persistent neck pain following his fall in xx/xxxx. The patient is noted to have had a prior anterior cervical discectomy and fusion with corpectomy at C4-5. The initial evaluation provided for review from November of 2012 failed to identify any evidence of neurological compromise but torticollis was noted to the right in the cervical spine. The most recent evaluation on 04/12/13 continued to show the right torticollis. However, there was interval change in the patient's physical examination. Reflexes were reported as hyperreflexic and Hoffmann's signs were reported as positive bilaterally. Given the presence of objective findings consistent with a possible myelopathy, updated MRI studies would be supported at this point in time due to the change in the patient's exam findings for neurological compromise. As such, it is this reviewer's opinion that the MRI study of the cervical spine is supported as medically necessary and the prior denials are overturned.

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)