

Notice of Independent Review Decision

**DATE OF REVIEW: 04/30/2013**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

72141 MRI spinal canal cervical w/o contrast matrl

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

**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 or not medical necessity exists for each of the health care services in dispute.

It is determined that the 72141 MRI spinal canal cervical w/o contrast matrl is not medically necessary to treat this patient's condition.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Information for requesting a review by an IRO – 04/18/13
- Texas Outpatient Non-Authorization Recommendation – 02/19/13
- Texas Outpatient Reconsideration Decision – 03/14/13
- Chart Review – 04/15/13
- Referral Form for MRI – 02/05/13, 03/12/13
- History and Physical – 02/05/13, 03/12/13, 03/01/13

- Letter – 04/19/13
- Pre-Authorization Intake Form – no date
- Preauthorization Request – 03/07/13
- Worker's Compensation Verification Form from – 02/14/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This injured worker sustained a work related injury to her neck when she tripped and fell. She has been treated with physical therapy services, cervical epidural steroid injections and medications. The patient has returned to work at light duty and is currently complaining of pain in the neck with numbness associated with bilateral upper extremity numbness. Her prior MRI was performed two years ago and there is a request for a MRI of the spinal cervical canal without contrast.

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

The cervical MRI scan is standard of care diagnostic study for chronic neck pain, arm pain, hand numbness and tingling. The medical record documentation indicates that the patient has been symptomatic with physical findings including diminished sensation and muscle weakness for more than 3 months. However, there is no documentation to suggest change in clinical findings. The protocol of treatment that this patient has undergone is not documented. Medications are not documented. In the absence of documentation of changes in symptoms or physical findings, a repeat MRI scan cannot be justified.

**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)