



Notice of Independent Review Decision - WC

DATE OF REVIEW:

08/26/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI Thoracic Spine 72146
MRI Lumbar Spine 72148

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

Board Certified in Orthopedic 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 or not medical necessity exists for each of the health care services in dispute.

MRI Thoracic Spine 72146 – UPHELD
MRI Lumbar Spine 72148 – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Evaluation, 05/20/13, 06/03/13, 06/19/13, 07/19/13
- Office Note, 06/04/13
- Abdomen/Pelvis CT Scan, 06/10/13
- Denial Letters, 06/18/13, 07/29/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient continued with abdominal pain after a hernia repair. An MRI of the thoracic and lumbar spine was requested.

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

The medical records do not document appropriate conservative treatment as having been tried or completed prior to considering the imaging with an MRI of the thoracic and lumbar spine. Further, the medical record provided did not document neurological findings which would support an MRI of the thoracic and lumbar spine within Official Disability Guidelines recommendations.

Therefore, the request is not medically reasonable and necessary within Official Disability Guidelines criteria as there has not been a trial of physical therapy and there have not been neurological deficits documented.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**