

C-IRO Inc.

An Independent Review Organization

1108 Lavaca, Suite 110-485

Austin, TX 78701

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Feb/10/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: thoracic MRI without contrast

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Orthopedic Surgeon

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 this reviewer that a thoracic MRI without contrast is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical note dated 02/15/07

Clinical note dated 03/29/07

Clinical note dated 08/03/12

Clinical note dated 09/25/12

Clinical note dated 11/06/12

Clinical note dated 11/12/12

Clinical note dated 01/02/13

Clinical note dated 01/17/13

Clinical note dated 02/21/13

Clinical note dated 03/05/13

Clinical note dated 04/06/13

Clinical note dated 06/05/13

Clinical note dated 06/08/13

Clinical note dated 08/01/13

Clinical note dated 10/31/13

Clinical note dated 11/22/13

Clinical note dated 12/26/13

MRI of the thoracic spine dated 02/07/07

MRI of the thoracic spine dated 06/29/12

Operative note dated 08/31/12

Operative note dated 01/17/13

Adverse determination dated 12/16/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury regarding his low back when he sustained a traumatic compression fracture at T8. The clinical note dated 02/15/07 indicates the patient stated the initial injury occurred in xx/xxxx.

Previously rendered chiropractic care has been beneficial. The patient rated his pain at that time as 7/10. Upon exam, tenderness was noted upon palpation at the intrascapular region. The note mentions the patient having undergone radiograph studies which revealed a 20% reduction in vertebral height at T8. This was noted to be symmetric and anterior. The MRI of the thoracic spine dated 06/29/12 revealed end plate irregularity and mild anterior wedging of the T8 vertebral body without edema consistent with a remote injury. The operative note dated 08/31/12 indicates the patient undergoing a facet injection at T6-7, T7-8 and T8-9 bilaterally. The clinical note dated 11/12/12 indicates the patient reporting severe levels of thoracic region pain. The note does mention the patient utilizing Norco without significant benefit. Tenderness continued throughout the thoracic spine with bilateral spasms noted. The patient was recommended for a medial branch block at that time. The procedural note dated 01/17/13 indicates the patient undergoing a bilateral medial branch rhizotomy at T8 and T9. The clinical note dated 04/16/13 indicates the patient continuing with tenderness and spasms throughout the thoracic region. No sensation deficits were noted. The clinical note dated 08/01/13 mentions the patient continuing with mid back pain. The note mentions the patient utilizing Gralise for ongoing pain relief as well. The clinical note dated 11/27/13 mentions the patient complaining of an exacerbation of pain with right side bending and rotation. The pain was located throughout the torso. The patient rated the pain as 6-8/10 at that time. Previous injections had provided partial relief. A rhizotomy also provided partial relief of pain. The clinical note dated 12/16/13 mentions the patient continuing with thoracic region pain. The patient was continuing with the use of Flexeril, Gabapentin, and Norco for pain relief. The patient was recommended for a repeat MRI at that time.

The utilization review dated 12/16/13 resulted in a denial secondary to the patient's failure to respond to any previously rendered treatments. Additionally, the patient's fracture in the thoracic region was noted to have healed with no new medical symptomology to justify repeat imaging.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient is noted to have ongoing complaints of thoracic region pain. An MRI of the thoracic region would be indicated provided the patient meets specific criteria to include neurologic deficits noted in the appropriate distributions. No information was submitted regarding the patient's neurologic deficits. The clinical notes indicate the patient having intact sensation throughout the torso. No other information was submitted confirming any neurologic deficits. Additionally, no information was submitted regarding the patient's progressive symptomology indicating any functional deficits associated with the thoracic region. As such, it is the opinion of this reviewer that a thoracic MRI without contrast is not recommended as 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)