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Notice of Independent Review Decision

DATE OF REVIEW: 9/19/14

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Request for Cervical Spine MRI CPT: 72141

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

Physician Board Certified in Neurosurgery.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld	(Agree) <u>X</u>
Overtaken	(Disagree)
Partially Overtaken	(Agree in part/Disagree in part)

ODG (Official Disability Guidelines)

PATIENT CLINICAL HISTORY SUMMARY

This case involves a male who, in xx/xxxx, was in a motor vehicle accident and sustained broken ribs and scapula as well as a cerebral concussion. He has developed neck pain and headaches and tingling in the upper and lower extremities. An MRI of the cervical spine on 4/24/14 showed chronic changes without central or foraminal narrowing. There has been some help by trigger point injections, but he continues to have discomfort and a repeat MRI of the cervical spine has been recommended. It is noted that on 7/21/14 the examiner indicated there was no radicular pain.

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

Opinion:

I agree with the denial for a repeat cervical MRI.

Rationale: There is nothing in the way of new findings on examination or in his complaints that would suggest a reason to see a change that was therapeutically advantageous on a repeat MRI only 4 months after the previous MRI. Additional studies, such as electrodiagnostic testing, might be helpful in coming to conclusions as to whether or not there is radiculopathy, but as far as a repeat MRI, that is not indicated at this time.

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

**ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE
THE DECISION**

MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)