

Applied Assessments LLC

An Independent Review Organization

2771 E. Broad St. Ste. 217 PMB 110

Mansfield, TX 76063

Phone: (512) 333-7997

Fax: (512) 519-7997

Email: admin@appliedassessments.net

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sept/23/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Magnesium infusion therapy 3GR times 12 weeks

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

Board Certified Family Medicine

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was diagnosed with migraine headaches. The MRI of the cervical spine dated 02/18/14 revealed disc herniation revealed no disc herniation, stenosis, or cord compression. A clinical note dated 03/04/14 indicated the patient complaining of neck pain over previous two months. The patient reported neck pain radiating to the right side of the spine. The patient stated the pain increased when with positional changes of her head. The patient reported intermittent nature of neck pain. The patient utilized Norco for pain relief. Pain was rated 7/10. The utilization review dated 08/06/14 resulted in denial as no evidence of functional improvements were identified following the previous magnesium infusions. The utilization review dated 08/29/14 resulted in denial as no clinical documentation was submitted confirming positive response.

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

The patient complained of neck pain. Magnesium there was also an indication the patient has a migraine suffer. There is an indication the patient has undergone magnesium infusions in the past. According to the medical policy coverage and generally accepted standards of care the continued use of magnesium infusions to address migraine-related pain is indicated for patients who have demonstrated objective functional response following previous infusions. No objective data was submitted confirming positive response to previous magnesium infusions. Without this information in place it does not appear that magnesium continued magnesium infusions would be appropriate for this patient at this time. As such, it is the opinion of this reviewer that the request is not recommended as medically necessary.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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

- 1.) Emily Gertsch, MD, MPH, Sheila Loharuka, BS, Kristine Wolter-Warmerdam, MA, Suhong Tong, MS, Allison Kempe, MD, MPHII, Sita Kedia, MD The Journal of Emergency Medicine. Volume 46, Issue 2, February 2014, Pages 308–312. Intravenous Magnesium As Acute Treatment for Headaches: A Pediatric Case Series.
- 2.) Stella Lucia Volpe . Magnesium in Disease Prevention and Overall Health doi: 10.3945/an.112.003483 Adv Nutr May 2013 Adv Nutr vol. 4: 378S-383S, 2013.