

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jan/19/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** MRA of the brain without contrast, X-Ray of the cervical spine - AP and lateral, MRI of the right knee

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O., Board Certified Neurological 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 medical necessity exists for each health care service in dispute.** It is the opinion of this reviewer that the request for MRA of the brain without contrast, x-ray of the cervical spine including AP and lateral, as well as an MRI of the right knee is not medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** This patient is a male. On 06/29/05, x-rays of the cervical spine showed no evidence of fracture or subluxation of the cervical spine. On 08/10/05, a CT of the head was considered negative. On 08/15/05, an MRI of the cervical spine revealed a mild disc bulge at C5-6. On 10/02/05, electrodiagnostic studies revealed right median neuropathy as well as a left C6 radiculopathy. On 11/11/05, an MRI of the brain was considered normal. On 10/11/06, plain x-rays of the lumbar spine revealed straightening of the normal cervical lordosis, otherwise this was considered a normal study. On 10/11/06, an upper extremity arterial ultrasound showed no significant change and no evidence of thoracic outlet syndrome.

On xx/xx/xx, this patient was seen in the emergency department after a fall. A CT of the head was performed at that time showing no evidence of acute intracranial abnormalities. On 06/03/14, an MRI of the brain was performed revealing mild to moderate atrophy but no evidence of acute stroke, hemorrhage, or mass lesion. On 10/15/14, this patient was seen in clinic for complaints of right leg pain and head pain. It was noted the patient was ambulating without the use of assistive devices. Upon exam, the patient had full range of motion of the neck, without trigger points. Back exam also revealed no tenderness and no paraspinal spasms. Straight leg raise was negative in the sitting position. Right knee jerk was 0 and right ankle jerk was 2+ and left knee jerk was 2+ and ankle jerk was 2+ on the left. Upper extremity reflexes were all rated at 2+. The patient had normal strength in the upper and lower extremities. Hoffman was absent. Cranial nerves 2-12 were grossly intact. Imaging was ordered.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** On 11/04/14, a utilization review report recommended an adverse determination for the brain CT and MRI as there were no focal

upper extremity neurological deficits to support the cervical MRI. There was no documentation of what specific cervical pathology was being supported by examination findings that needed to be ruled out by plain x-rays and/or cervical MRI. There were also no focal knee examination findings to support the request for knee MRI imaging. On 11/10/14, an appeal preauthorization report noted that there was no information submitted regarding the patient's operative history at the right knee, and repeat MRA studies of the brain were indicated for patients who had developed significant pathology or significant findings involving symptomology. No information was submitted regarding a new injury involving the head and there is no evidence of new pathology. It was noted there was no need for repeat x-rays of the cervical spine as there was no significant changes involving the patient's pathology or significant changes involving the symptomology. Therefore, the request was non-certified.

The records provided for this review do not indicate significant pathology and/or examination to the right knee. There is no evidence of a focused knee examination and no evidence of plain x-rays being performed to the right knee. Therefore, the request for a right knee MRI is not supported. The records also do not indicate progressive neurological deficits and/or new injuries to support the request for the MRA of the brain and/or the x-rays of the cervical spine. It is the opinion of this reviewer that the request for MRA of the brain without contrast, x-ray of the cervical spine including AP and lateral, as well as an MRI of the right knee is not medically necessary and the previous denials are upheld.

**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)