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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 06/29/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Thoracic MRI without contrast

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)

Patient Clinical History (Summary)

The patient is a female who was injured on xx/xx/xx and has been followed for ongoing thoracic back pain which has persisted despite physical therapy. The patient has had several imaging studies of the verb cervical spine and thoracic spine. The patient was seen by on 09/03/14 with the physical examination noting no focal neurological deficits. MRI studies of thoracic spine completed on 10/27/14 found small focal disc from T4 to T8 with some cord contacting T4-5 and T5-6. No abnormal cord signal was evident. The patient continued to follow up with with the 04/08/15 report discussing frequent headaches. did refer back to the barely perceptible syrinx that was found on at T3-4 on prior MRI studies. The patient did describe ongoing headaches secondary to a post concussive syndrome. The patient's physical examination did note positive Hoffman signs bilaterally with spasticity present in the bilateral lower extremities. There was some very per very mild weakness noted at the deltoids and at the left triceps. The patient was recommended for a repeat MRI study at this time or at this evaluation. There was a 05/13/15 evaluation which described any which described numbness in the lower extremities with any lifting. The patient described continuing frequent headaches and intermittent numbness in the upper extremities. The patient continued to have bilateral Hoffman signs and spasticity present in the lower extremities. The previous request for MRI studies of the thoracic spine were denied as the patient had a normal neurological evaluation on the most recent physical examination. There was no evidence of any progressive findings on physical examination to support repeat MRI studies.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

In review of the submitted records the patient is noted to have a barely perceptible syrinx at T3-4 with some cord contact at T4-5 and T5-6. The September 14 clinical record from did note a rare a relatively normal neurological assessment however the most recent clinical records from both and noted bilateral Hoffman's signs and spasticity present in the lower extremities which was not present on previous evaluations from the time the last MRI study of the thoracic spine was completed. Given the cord contact noted at T4-5 and T5-6 as well as the syrinx formation at T3-4 as well as the new evidence of neurological findings on physical examination it would be prudent to repeat the MRI study of the thoracic spine at this time. Therefore this reviewer would therefore it is this reviewer's opinion that medical necessity has been established and the prior denials are overturned.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)