

# **Applied Resolutions LLC**

**An Independent Review Organization**

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## **Notice of Independent Review Decision**

**Case Number:**

**Date of Notice:** 06/16/2015

### **Review Outcome:**

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

Neurosurgeon

### **Description of the service or services in dispute:**

Cervical myelogram

**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 male who reported an injury to his cervical region on xx/xx/xx when he was involved in a motor vehicle accident. The clinical note dated 09/16/14 indicates the patient having undergone an MRI of the cervical spine. Radiating pain was identified from the cervical region into the right upper extremity along the C6 distribution. The patient rated the pain as 8-9/10. The patient also reported ongoing weakness, numbness, and tingling in the arm and hands. There is an indication the patient has undergone an epidural steroid injection as well. The clinical note dated 03/05/15 indicates the patient complaining of numbness at the outer portion of the right thumb as well as the 4th and 5th digits of the right hand. The note indicates the patient having undergone a 2nd injection which provided no significant benefit. The patient continued with 3-4/10 pain. The MRI of the cervical region dated 07/18/14 revealed a broad based anterior epidural impression at the C5-6 level likely due to a disc osteophyte complex with narrowing of the canal diameter to 9mm. The electrodiagnostic studies completed on 10/14/14 revealed no evidence of cervical radiculopathy or right sided brachial plexopathy.

The utilization reviews dated 04/02/15 and 04/17/15 resulted in denials as no information had been submitted confirming the patient's completion of all conservative treatments. Additionally, no information was submitted regarding the patient being a surgical candidate.

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

The documentation indicates the patient complaining of numbness at the right hand, thumb, and lateral fingers. A cervical myelogram is indicated for patients who have completed all conservative treatments and have not undergone any prior imaging studies. There is an indication the patient had undergone an MRI which revealed minimal findings at the C5-6 level. No information regarding the patient having completed all conservative therapies. Given these factors, it is unclear if the patient would benefit from a cervical myelogram at this time. Therefore, the request is not indicated. As such, it is the opinion of this reviewer that the request for a cervical myelogram 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 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)