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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 06/30/2015

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:

MRI of the cervical spine 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)

is a male. On xx/xx/xx, he was seen in clinic and it was noted he was at statutory mental medical improvement and was given a 21% whole person impairment rating. On 12/19/14, an MRI of the cervical spine was obtained revealing the patient to be status post C5 to C7 fusion without spinal stenosis within the segment and there was a focal right paracentral disc protrusion at C3-4 that was causing mild narrowing of the right neuroforamen. On 05/01/15, the patient was seen in clinic with complaints of neck pain that radiated down both arms going on since 12/13/09. He noted x-rays, MRI, and CT scan had been performed within 6-12 months as well as nerve conduction studies. Upon examination, deep tendon reflexes were equal and symmetrical graded at 2/4 and there were no long tract signs noted. He had a negative Romberg's and negative Hoffman's sign and upper extremity and lower extremity strength was graded at 5/5. X-rays showed normal appearance of the facet joints and previous 2 level fusion with instrumentation with a solid fusion. It was noted his last MRI scan was from 2010 and MRI scan of the cervical spine was recommended.

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

On 05/13/14, a utilization review report for the requested MRI of the cervical spine noted the request was non-certified as there was no documented motor, sensory, or reflex changes suggestive of significant pathology warranting a repeat study. Therefore the request was not certified. On 06/01/15, a utilization review determination report also noted the request was non-certified as there was a lack of progressive symptoms or the development of new pathology that would warrant this study. The recommendation was for non-certification. The provider on 05/01/15 noted that the patient not had an MRI of the cervical spine since 2010. However, the progress note indicates the patient had marked that he had had recent imaging within 6-12 months of that exam and the records provided for this review include the 2014 CT of the cervical spine and the 12/19/14 MRI of the cervical spine. These apparently were not noted by the treating provider. The patient has no neurological deficits on the most recent exam. The guidelines indicate this study may be considered reasonable if there is chronic neck pain and x-rays show bone or disc margin destruction, or old trauma or if there are neurological signs or symptoms present. Guidelines state that patients who have no neurological findings and no destructive injuries do not require this study. Therefore, it is the opinion of this reviewer that the request for an MRI of the cervical spine without contrast is not medically necessary and the

prior 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 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)