IRO REVIEWER REPORT – WC

DATE OF REVIEW: 04/06/16

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
MRI without contrast of the cervical spine.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Board Certified in Physical Medicine and Rehabilitation and Pain 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 or not medical necessity exists for each of the health care services in dispute:

- MRI without contrast of the cervical spine – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was injured when XX by high winds on XX/XX/XX. He was diagnosed with cervicalgia and left shoulder pain. Though not included with the medical provided for review, records indicate x-rays were performed on XX/XX/XX which showed no acute findings of the left shoulder, left foot, and chest. Records indicate a head CT was performed on XX/XX/XX which revealed trauma limited to a left frontal scalp hematoma/laceration without intra-cranial trauma or fracture. Records indicate cervical and thoracic CTs were performed on XX/XX/XX which showed no acute trauma. To date, the claimant has received conservative treatment, including physical therapy and medications. Current medications include Diclofenac and Flexeril. Current pain, rated 5/10, is located in the neck and left shoulder, with headaches. Pain is relieved by taking medications. Due to persistent symptoms, the treating physician is requesting a cervical MRI.

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

Based upon my review of the provided medical records and the Official Disability Guidelines, in this case the requested cervical MRI scan is neither reasonable nor necessary at this time. The treating physician documents no evidence of any radicular signs or symptoms, which is a requirement by the ODG for consideration of the requested service. As no neurologic findings are present, medical necessity has not met and the denial is upheld.

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

☒ **MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**