

**Applied Assessments LLC**  
**An Independent Review Organization**

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**Notice of Independent Review Decision**

**Case Number:**

**Date of Notice:** 05/24/2016

**Review Outcome:**

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

Physican Medicine And Rehab

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

MRI cervical

**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 on XX/XX/XX. The mechanism of injury occurred due to a fall from a misstep while working. His diagnoses were noted to include strain of the muscle, fascia, and tendon of the neck and long term (current) use of opioid analgesics. Past treatments were noted to include medications, physical therapy, chiropractic treatment, and x-rays. On XX/XX/XX, the patient complained of neck pain radiating down the left arm. His pain was rated at a 5/10. Current medications were noted to include Tylenol No. 3 and lisinopril. The physical examination of the neck and upper back revealed hypoesthesia at the left 3rd fingertip and 4th fingertip. Tone and muscle strength were noted to be within normal values. There was no measurable muscle atrophy appreciated. Range of motion was noted to be restricted in rotation bilaterally. The treatment plan included a quantitative urine drug screen and an MRI of the cervical spine. Cervical spine x-rays were not provided for review. A request was received for a cervical MRI.

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

According to the Official Disability Guidelines, indications for imaging include: chronic neck pain after 3 months of conservative treatment, normal radiographs, or presence neurologic signs or symptoms; neck pain with radiculopathy with severe or progressive neurological deficits; chronic neck pain with radiographs showing spondylosis, old trauma, or bone/disc margin destruction with neurological signs and symptoms; suspected cervical spine trauma, neck, pain with clinical findings suggesting ligamentous injury (sprain), and normal radiographs and/or CT; or known cervical spine trauma with equivocal or positive plain films with neurological deficits. The patient was noted to have neck and left upper extremity pain complaints. However, there was lack of physical examination findings or subjective complaints indicating the patient had radicular symptoms on examination. There was also lack of official x-rays submitted for review to confirm if it was normal or abnormal. In the absence of the above, the request is not supported at this time. As such, the denial for a cervical MRI is 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)