Applied Independent Review
An Independent Review Organization
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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 thoracic 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 now XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as a XXXX. The pain especially with XXXX. The patient had decreased range of motion to XXXX neck and back as well. XXXX was able to lift 15 pounds overhead that had increased elbow pain. XXXX was able to carry 20 pounds and push/pull only 75 pounds. Lower extremity reflexes were 2/4 with right 18 XXXX pain may be a little more sluggish than the left. Lumbar flexion was 60° and extension of 5°. XXXX was not acutely tender to palpation to the lumbar spine, but at the thoracic spine XXXX was tender from about T8 through T10. XXXX was also tenderer in the left paraspinal muscle of the thoracic region that XXXX was on the right. The treatment plan was for an MRI of the thoracic spine to rule out the possibility of herniation.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.
The Official Disability Guidelines state an MRI of the thoracic spine is indicated for upper back/thoracic spine trauma with neurological deficit. In this case, the patient reported pain in the upper/mid back with activities of daily living. On examination, XXXX did not have any neurological deficits. There was no documentation of marked weakness or sensory deficit. There was no support for the MRI of the thoracic spine. As such, the prior denial is upheld and the request is not 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 AHRQ-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)