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November 26, 2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI XX XX w/o contrast & MRI XX XX w/o contrast

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This case was reviewed by a board-certified Orthopedic Surgeon who is considered to be an expert in their field of specialty with current hands on experience in the denied coverage.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a XXXX. XXXX complained of XX and XX pain beginning at that time. XXXX was seen on XXXX with complaints of XX and XX pain without XX symptoms. Physical exam revealed no XX XX to palpation, and XX pain with range of motion (within normal limits). XX XX exam revealed no tenderness to palpation and full range of motion with pain at extremes. There was a XX straight leg raise. X-rays of the XX and XX XX revealed XX changes but no fractures or dislocations. There was a question of XX XX XX, so a follow-up scan was obtained which revealed only XX changes and otherwise no abnormality. The claimant was initiated on XXXX and allowed to return to work with restrictions. XXXX returned for follow-up on XXXX with continued complaints of XX and XX pain as well as XX pain into his XX leg. Exam revealed decreased XX and XX range of motion secondary to pain, XX XX to palpation over both XX and XX XX, and positive straight leg raise on XX. XXXX was referred to physical therapy and allowed to continue work with restrictions. XXXX returned for follow-up again on XXXX at which time XXXX completed multiple visits of physical therapy with minimal improvement. XXXX complained of continued XX XX and XX pain as well as XX in the XX arm XX with XX on the XX side. Exam of the XX XX revealed XX XX tenderness at

XX and XX-XX but normal range of motion. Sensation was normal XX. Motor strength showed no abnormal movements were seen in the XX XX. XX XX exam revealed XX XX at XX-XX and XX-XX, XX-sided XX tenderness, pain with XX of range of motion, XX XX straight leg raise increased on XX. Strength was within normal limits XX. Motor strength was normal XX XX XX. Sensory exam showed XX XX XX XX. Gait was unremarkable. The request was then submitted for MRI of XX and XX XX. This request was initially non-certified secondary to lack of objective evidence of red flags or progressive neurologic deficits.

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

According to the Official Disability Guidelines (ODG), the XX XX MRI is indicated if there is chronic XX pain (i.e. after XX months conservative treatment) with normal radiographs, neurologic signs or symptoms present. The ODG recommendation for XX XX MRI due to XX XX trauma also requires presence of neurological deficits. In this case, the claimant was treated with conservative treatments to include medications, work modification, and physical therapy. The progress note has documentation of XX straight leg raise worse on XX, and subjective complaints of XX leg XX pain and XX in the XX arm. However, there was no documentation of physical exam findings suggestive of XX or XX XX (XX). Without documentation of corroborating physical exam findings showing XX deficits or XX XX signs and symptoms, the request does not meet the ODG criteria for XX and XX XX MRI. Therefore, the request for coverage of MRI XX XX w/o contrast and MRI XX XX w/o contrast is not medically necessary and the request is non-certified.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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