



363 N. Sam Houston Pkwy E.
Suite # 1100
Houston, TX 77060
281-931-1201

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denial of MRI of the XX XX without contrast, as outpatient

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]:

This is a XXXX who sustained injury on XXXX. XXXX reported pain in XX, XX XX, XX shoulder, and XX wrist as a result of the XXXX. XXXX was seen on XXXX with complaints of XX, XX XX, XX shoulder and wrist pain. The pain was reported as XX/10, aching, throbbing, and occasionally sharp. The pain was worse with activity, weight-bearing, and movement. The pain was treated with rest, ice, elevation, activity modifications, and medications (XXXX). The x-ray of the XX XX dated XXXX revealed no fracture/dislocation, XX calcification at XX-XX which appeared chronic, fused XX-6 with XX plate and screws, and soft tissue calcification posterior to XX not connected to XX XX. Physical exam of the XX XX revealed no tenderness to XX, XX to percussion and XX to manipulation. The range of motion was normal with XX 50, XX 60, XX XX 45, XX XX 45, XX X 80, and XX XX 80. XX on the XX caused no pain or symptoms to the XX or XX arm. Reflexes were 2+/2+ triceps, biceps, brachioradialis bilaterally. Motor strength was XX+/XX+ in all groups by manual stress. Pulses were 2+/2+ XX, radial and ulnar arteries with equal and XX refill. Sensory was intact to light touch in all distributions. XX was negative XX. XXXX was given prescriptions for XXXX. XXXX was released to return to

work 10 hours daily with 8 hours standing and 2 hours sitting. At follow-up visit dated XXXX, XXXX reported worsening pain to XX, XX XX, XX shoulder and wrist. There was no change in physical exam and a normal XX XX exam was documented again at that visit. There were 2 previous adverse determinations for this case based on the lack of physical exam findings supporting the necessity for MRI.

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 indication for MRI includes chronic XX pain after XX months of conservative treatment, radiographs normal, and neurological signs or symptoms are present. The ODG also indicates MRI in suspected XX trauma with XX pain where clinical findings are suggestive XX (sprain) and radiographs and/or CT were normal. The clinic visits submitted for review revealed a normal physical exam without XX pain to palpation, normal range of motion, normal strength, normal sensation, and no pathologic reflexes. There are no documented XX or evidence of XX radiculopathy on physical exam that would support the necessity for MRI. Additionally, there is no documentation that the claimant has tried and failed 3 months of conservative treatment. Therefore, the request for MRI of the XX XX without contrast, as outpatient is not medically necessary and the previous adverse determination is upheld.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

XX and XX XX (XX)

Magnetic resonance imaging (MRI)

Indications for imaging -- MRI (magnetic resonance imaging):

- Chronic XX pain (= after 3 months of conservative treatment), radiographs normal, neurologic signs or symptoms present
- XX pain with radiculopathy if severe or progressive neurologic deficit
- Chronic XX pain, radiographs show spondylosis, neurologic signs or symptoms present
- Chronic XX pain, radiographs show old trauma, neurologic signs or symptoms present
- Chronic XX pain, radiographs show bone or disc margin destruction
- Suspected XX XX trauma, XX pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"
- Known XX XX trauma: equivocal or positive plain films with neurological deficit
- XX XX/thoracic XX trauma with neurological deficit