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**DATE OF REVIEW:** 4/15/2019

**IRO CASE #** XX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

“MRI XX XX without contrast” for the patient.

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

M.D. Board Certified in Orthopedic Surgery and Sports 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)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a XX-year-old XX who sustained injury to XX XX XX at work on XX when XX was XX in the XX. XX has been treated with medications, injection, ice, heat, rest, work restrictions, and XX therapy. There reportedly has been some improvement in motion and function with XX therapy but per the last office note on XX XX continues to have XX pain and limited function. The physical exam at this visit documents slight limitation in range of motion and painful motion. There were positive impingement tests and a positive empty can test. XX had an MRI on XX that showed some mild XX in the XX XX muscle, mild XX XX, and mild XX XX XX. There is no documentation of new injury or significant change in symptoms or exam since this MRI.

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



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Per ODG references, the requested "MRI XX XX without contrast" for the patient" is not medically necessary. I agree with the prior opinions that based on the available information there has been no new injury, surgery, or significant clinical change to suggest that a new MRI would be recommended given that XX was done previously. Therefore, the request for a new MRI of the XX XX without contrast is not certified.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE KNOWLEDGE BASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES