

Core 400 LLC

An Independent Review Organization
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Review Outcome

Description of the service or services in dispute:

An MRI of the XX XX without contrast

XX: Magnetic resonance imaging of XX XX, XX, without contrast material

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified Neurosurgery

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

- Overturned (Disagree)
- Upheld (Agree)
- Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

XX. XX XX is a XX-year-old XX who was injured on XX. XX reported that XX had an alleged accidental injury while at work. XX was a XX at a XX XX XX. XX had been in the process of XX a XX XX, which XX XX. XX was diagnosed with XX XX pain (XX.XX).

XX XX, XX evaluated XX. XX on XX for XX XX pain and XX XX with tingling in the XX XX. XX. XX had been suffering from the XX XX pain and XX XX since an alleged accidental injury while at work. The pain was intense enough for XX to take a XX off. XX continued to work, but continued to have pain. XX had continued XX and tingling down the XX XX with walking, weightbearing, and activities. On examination, XX had pain with movements of the XX XX and XX XX with strain in the XX. The deep reflexes were lost over the XX XX. Straight XX raising on the XX side caused a stretch and pulling sensation on the XX side at about 60 degrees and at about 30 degrees on the XX side with aggravation with the Lasegue's test. There was limitation of all movement of the XX XX pain in the XX XX region and down the XX XX distribution with tenderness over the very XX XX region and the XX XX. XX. XX had studied the MRI of the XX XX done in XX, which did not clearly reveal XX disc disease at XX-XX and had slightly less at XX-XX. It was documented that XX clearly had XX XX pain and XX XX, but continued to work.

On XX, XX. XX was seen by XX XX, XX for the ongoing complaints. XX reported that XX felt the same. XX felt a little bit better with XX medications. XX had undergone injections, which helped for about a day, and XX again had the XX pain. On examination, there was tenderness to palpation in the XX XX XX muscle area. There was also tenderness on the XX side. XX had a positive sitting straight XX raising test on the XX side. Range of motion was decreased secondary to guarding. XX also had decreased XX XX extremity strength. The diagnoses were XX XX nerve pain, XX XX pain with radiculopathy affecting the XX XX extremity, XX XX disc of the XX XX, and XX disc disorder with XX of the XX region. On XX, XX. XX continued to have XX pain at the same level. XX reported that XX caused XX pain. XX had not been working. XX used XX support at home. The examination remained unchanged from the prior visit. The additional diagnoses were XX on the XX side associated with disorder of XX XX, XX affecting regions of the XX and XX with XX region, and strain of muscle, XX, and tendon of the XX XX. An MRI of the XX XX with or without contrast was recommended. XX. XX was to stay off work until further notice, see the new neurosurgeon as scheduled, and start XX.

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Notice of Independent Review Decision

Case Number: XX

Date of Notice: 04/05/19

An MRI of the XX XX dated XX revealed a XX XX XX XX measuring XX mm at XX-XX and effacing the XX nerve routes XX with impingement. There was an increased XX signal within the XX XX, consistent with an acute XX tear. All of these findings were consistent with an acute injury, and did not reflect any kind of preexisting condition.

The treatment to date consisted of medications (XX, XX, XX, and XX made XX XX), XX sessions of XX therapy, injection with additional XX sessions of XX therapy aggravated the pain, off-work status, XX and XX injection, XX XX, and XX epidural steroid Injection with a XX transforaminal approach at XX-XX on XX.

Per a utilization review determination letter dated XX by XX XX, XX, the request for MRI of the XX XX without contrast was noncertified. Rationale: "The Official Disability Guidelines state that repeat MRI is recommended for the patient to have significant changes in symptoms or findings suggestive of new pathology, such as progressive neurological deficits. In this case, the provided documentation indicated that the patient had ongoing XX, numbness, and tingling down the XX XX, and ongoing XX XX pain. XX did have a previous MRI, with no XX XX, and the provider recommended a repeat study given the continued symptoms. However, the documentation did not indicate that the patient had any new onset or progressive neurological deficits to support an updated study. The patient did have diminished reflexes at the XX XX, and positive straight XX raise on the XX (which XX not correlate with XX chief complaint of XX-sided "XX"). In addition, it is unclear if these findings were new onset, or had been present on an ongoing basis."

Per an appeal determination denial letter dated XX by XX, XX, the appeal request for a repeat MRI of the XX XX without contrast was denied. Rationale: "This is a noncertification of an appeal of a repeat MRI (XX). The previous noncertification on XX was due to lack of medical necessity. The previous noncertification is supported. Additional records were not submitted. There is no evidence of a substantial change in the XX examination to support progressive neurological deficits or evidence of reinjury as required by the guidelines. The request for an appeal of a repeat MRI is not certified."

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

Based on the clinical information provided, the request for An MRI of the XX XX without contrast XX: Magnetic resonance imaging of XX XX, XX, without contrast material is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination. The submitted clinical records fail to establish a significant change in the patient's clinical presentation to warrant a repeat XX MRI at this time. Additionally, the patient was cleared to return to work without restrictions as of XX. Progress report dated XX indicates that the patient has continued with pain at relatively same level. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low XX Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards

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- 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 Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

Appeal Information

You have the XX to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.