CASEREVIEW

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:
XX/XX/XX: X-ray XX XX
Xx/XX/XX New Patient Encounter by XX XX, DO
XX/XX/XX: MRI XX XX
XX/XX/XX: PT Eval and Plan of Care by XX XX, PT
XX/XX/XX: Encounter by XX XX, DO
XX/XX/XX: Encounter by XX XX, DO
XX/XX/XX: Pain Management Evaluation by XX XX, MD
XX/XX/XX: Encounter by XX XX, DO
XX/XX/XX: Designated Doctor Evaluation by XX XX, DC
XX/XX/XX: XR XX XX interpreted by XX XX, MD
XX/XX/XX: Letter by XX XX, MD
XX/XX/XX: UR performed by XX XX, MD
XX/XX/XX: UR performed by XX XX, MD

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a XX year old XX who was injured on XX XX XX after XX XX and XX XX XX at work. XX received XX therapy sessions, XX, XX XX, and XX-XX.

On XX XX 201XX X-ray XX XX Impression: XX

On XX XX XX the claimant presented to XX XX, DO with XX XX pain. XX described the pain as worsening since XX. It radiates into XX XX XX XX. It is a XXXX, XX-type pain that XX would rate from a 4 to 9 on a scale of 10. On XX examination in had XX in all XX. Sensation in all XX were intact. XX XX-XX XX. XX were equal and intact at XX and XX. Decreased XX and extension at the XX, had moderate to extreme range of motion secondary to pain as well as some XX in XX XX XX groups. Assessment: 1.XX. 2. XX. 3. XX4. XX. Plan: XX should continue with XX therapy. We will obtain an MRI and -extension x-ray views. XX was prescribed as well as for pain control.

On XX XX/XX XX MRI Impression: 1. XX nodes in XX, XX, XX, and XX. 2. XX as above, severe at XX with moderate at XX/XX and XX/XX from combination of XX facet XX and XX shortened XXs. 3. Mild XX of uncertain significance. Consider of XX, XX XX or XX. XX variant vertebral bodies may have this appearance.

On XX/XX/XX the claimant presented to XXXX, PT for PT eval. Assessment: Patient reports originally having XX pain XX years prior, diagnosed with XX DJD of the XX. Patient reports progressive XX XX/XX pain after XX XX a XX of XX at work on XX. Patient reports that XX has an appointment with a XX. Due to patient's reported and present signs and symptoms, recommend further diagnostic testing before proceeding with XX therapy.

On XX/XX/XX the claimant presented to XX XX, DO with continued XX XX pain. XX did not XX XX was XX of XX in XX therapy due to XX severe pain. XX was referred to a pain management specialist. XX was prescribed a XX XX x 1 to decrease inflammation and provide some pain relief along with XX mg daily. XX also received refill of XX XX No XX and XX.

On XX/XX/XX the claimant presented to XX XX, MD for pain management. XX reported a pain level of 4 when stationed that increased to a 10 upon movement. XX symptoms improve with XX XX, medications and position change, leaning more towards the XX XX. The symptoms are exacerbated by XX XX , activity, XX XX and XX or XX . The pain is worse in the mornings, afternoon and evenings, throughout the night. XX reported XX XX-XX up multiple times through the night. XX reported severe weakness to the XX XX extremity. When moving from a seated to standing position XX is unable to place any weight on the XX XX due to the weakness. Should XX try and bear weight on the XX it does XX under XX . On examination XX was painful. Shopping cart sign positive. XX XX XX positive on the at XX degrees and positive on the right at XX degrees. There was weakness in the XX. XX and XX were diminished bilaterally. Recommendation: Proceed with XX XX-X . Prescribe XX, XX , and XX mg.

On XX/XX/XX the claimant presented to XX XX, DO with continued XX XX pain. On XX examination there was positive XX XX XX XX at about XX degrees of XX with onset of pain and about XX degrees of extension with full onset of pain. Significant XX in XX XX muscles. XX struggled with XX rise. XX struggled with XX stance and walked with an XX. Decreased reflex at XX through XX. Plan: Before any sort of surgery, which this is definitely a surgical case at this point, I would like to repeat the MRI and then make further treatment decisions once the repeat MRI.

On XX/XX/XX, X-ray XX XX revealed: 1. No dynamic instability evident with XX and extension. 2. Mild XX at XX/X and XX/XX. XX. Scattered XX.

On XX/XX/XX , XX XX, MD wrote that XX was currently treating XX for XX, chronic pain, XX XX and XXXX . XX was re-examined on XX/XX/XX in which XX continued to have XX XX pain and XX XX, with new symptoms that include XX and a decreased amount of XX in XX XX XX XX. During the XX exam the patient was XX intact. XX walks with a XX pattern but has some XX in a multi XX fashion from XX to XX. Decreased XX and extension at the XX because of the pain, significant XX in the XX muscles, multiple tender pints as well that lead to decreased XX and extension from mild to moderate ranges of motion. My current treatment plan is for patient to engage on a second course of XX therapy. XX is to continue to be out of work for an additional six weeks to allow XX to regain XX strength and get XX to some sort of function and quality of life.

On XX/XX/XX , XX XX, MD performed a UR. Rationale for Denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guideline referenced below, this request is non-certified. However, the medical records were limited to establish comparison and note for significant clinical objective changes to support the need for another MRI. Medical evaluation reports before the performed MRI's were not submitted in this case. Exceptional factors were also not identified including a progression of symptoms and re-injury to warrant a repeat diagnostic workup.

On XX/XX/XX, XX XX, MD performed a UR. Rationale for Denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guideline referenced below, this request is non-certified. Per evidence-based guidelines, repeat MRI of the XX XX is recommended to determine next treatment steps if there is evidence of significant change in symptoms or findings suggestive of significant new pathology. The patient had an MRI of the XX XX dated XX/XX/XX and XX/XX/XX. However, there is no evidence of intervening event or exceptional factor to suspect a new diagnosis that requires additional diagnostic imaging for this chronic pain complaint with residual deficits. Given the limited objective findings, it was not clear if the symptoms were flare-ups or had been chronically present since XX/XX/XX. Clarification is needed regarding the request and how it might affect the patient's clinical outcomes as guidelines do no support the use of imaging studies solely for screening purposes.

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

The request for a XX XX MRI is denied. The requested study is not medically necessary.

The patient is a XX year-old XX who XX XX XX at work. XX XX XX MRI (XX/XX/XX) demonstrated severe XX XX associated with multilevel XXand XX narrowed XXs. The treating provider recommended a repeat MRI of the XX on XX/XX/XX in preparation for future surgery. In the follow-up visit of XX/XX/XX, the patient was noted to be XX intact. Additional XX therapy was recommended.

The Official Disability Guidelines (ODG) supports MRI studies of the XX XX in patients with XX XX pain with XX findings on examination. Repeat MRI studies are typically ordered when there is a significant change in XX status, suggestive of new pathology. There was no clear indication to repeat the MRI of the XX XX on XX/XX/XX after completion of the XX/XX/XX MRI study. New pathology was not suspected in this patient. In the case of significant change in XX status, surgical decompression would have been recommended, not additional therapy.

PER ODG:

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

- ☐ **ACOEM- AMERICAN COLXXE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC XX XX 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 (PROVIDE A DESCRIPTION)**