



MedHealth Review, Inc.
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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

X.

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

X.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of an MRI of the cervical spine without contrast.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who sustained an industrial injury on X and is seeking authorization for an X. Previous treatment has included X. Previous surgeries X.

Progress report dated X has the injured worker noted to be reopening the case and waiting on an X. X is on modified duty. The exam (appears to be missing a page) reveals weakness. The treatment plan included medications of X. The case was noted to be reopened after it was closed for non-compliance. X notes that X became confused about when X was to follow-up and did not mean to become non-compliant.

Progress report dated X has the injured worker with persistent pain. The pain remains unchanged and was in a lot of pain yesterday. The medications help with some of the pain. There is no numbness, weakness, paresthesias, or radiating symptoms to the right upper extremity. There is right posterior neck pain that is constant and described as sharp and burning. The pain is severe and is associated with neck stiffness and decreased range of motion. The exam of the cervical spine reveals X. There are right-sided muscle spasms. Range of motion is limited with pain in all planes. Strength, sensation, and reflexes are intact. Spurling's are X. The treatment plan included an X. Amendment to the X progress report dated X has the injured worker having X. X takes medications. The MRI was requested to X.

The utilization review dated X non-certified the requested X. The rationale stated there is X. X has X. Regardless of what

an MRI would show, it would not alter treatment. The request would not be supported by the Official Disability Guidelines.

The utilization review dated X non-certified the appeal of the requested X. The rationale stated the patient was diagnosed with a strain of muscle, fascia, and tendon at neck level, initial encounter. The medical record does not confirm that the requested service is a medical necessity for this individual at this time.

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

As per ODG, "X"

This is a X sustained an industrial injury on X and is seeking authorization for an X. X presented with persistent pain. The pain remains unchanged and was in a lot of pain yesterday. The X help with some of the pain. There is no numbness, weakness, paresthesias, or radiating symptoms to the right upper extremity. There is right posterior neck pain that is constant and described as sharp and burning. The pain is severe and is associated with neck stiffness and decreased range of motion. The exam of the cervical spine reveals X. There are right-sided muscle spasms. Range of motion is limited with pain in all planes. Strength, sensation, and reflexes are intact. Spurling's are X.

X is noted to have pain at greater than X weeks duration. X localizes X pain to the right posterior neck pain and is constant, sharp, and burning. There is no numbness, weakness, paresthesias, or radiating symptoms to the right upper extremity. The pain does interfere with X daily function as X is noted to be working modified duties at work. However, detailed documentation is not evident regarding X

being considered for any invasive intervention including, but not limited to, X. Additionally, there is no corroboration of progressive symptoms as there are no specific pain levels noted to be worsening and the provided objective examinations do not corroborate progressive deficits. Moreover, the documentation does not support that plain radiographs (x-rays) have been performed and are non-diagnostic for cervical pathology. Therefore, the X is not medically reasonable or necessary.

**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
UM KNOWLEDGEBASE**
- AHRQ- 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**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED
MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY
VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A
DESCRIPTION)**