

Notice of Independent Review Decision

DATE OF REVIEW:

08/23/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat cervical MRI with and without contrast (72156).

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

Doctor of Osteopathy, Board Certified Anesthesiologist, and Specializing in Pain Management.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Repeat cervical MRI with and without contrast (72156) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Case Report dated 08/14/07
- Referral dated 08/14/07
- DWC: Notice To Utilization Review Agent Of Assignment dated 08/14/07
- DWC: Confirmation Of Receipt Of A Request For A Review dated 08/08/07
- LHL009: Request For A Review By An Independent Review Organization dated 08/07/07
- Letter dated 08/07/07 from M.D.
- RT: Letter dated 07/31/07
- Notification of Determination letters dated 07/26/07, 07/24/07 from M.D.
- M.D.: Report dated 07/23/07
- Orthopedic Group: Preauthorization fax requests dated 07/19/07, 05/10/07
- Doctor, L.L.P.: Letter dated 07/16/07
- Doctor, L.L.P.: Reports dated 07/16/07, 06/13/07
- Notification of Determination dated 06/22/07 from M.D.
- Technologies: Request for Precertification dated 06/19/07
- PT: New Patient Consultation dated 11/29/06
- Imaging: MRI left shoulder dated 11/18/06, MRI right shoulder dated 05/27/03, right shoulder arthrogram dated 05/27/03, MRI cervical spine dated 11/16/98, MRI cervical spine dated 11/14/97, MRI cervical spine dated 10/17/96
- Imaging Center: MRI right shoulder dated 09/16/05

- M.D.: Letters dated 05/19/04, 04/12/04, 08/20/03
- Hospital: Operative Report dated 11/06/03 from M.D.
- M.D.: Chart Note/Office Visit Notes dated 09/12/03 through 05/02/07
- M.D.: Initial Clinic Evaluation dated 07/11/03
- Office Visit Notes from Doctor, L.L.P Diagnostics & Therapeutics dated 06/13/07 and 07/16/07
- Patient Information/Demographic sheet from MD dated 06/13/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a xx year old female with date of injury xx/xx/xx. The injured individual was pushing an airline stewardess cart. She had mainly shoulder complaints but did complain of neck pain and some tingling in her right hand. She had three cervical MRIs. The MRI of 10/1996 and 11/1997 showed a left C6/7 herniation of nucleus pulposus (HNP). However, the most recent MRI of 11/1998 was negative for this or any other pathology. The injured individual had a neurological consult in 11/2006 that felt there was nothing neurological going on. Electromyogram (EMG) was also negative. She had multiple shoulder surgeries with ongoing pain complaints. The attending physician (AP) also suggested having her see a rheumatologist, as he could not explain her symptoms. Her most recent notes indicate right posterior neck pain with some numbness in the hands.

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

The MRI is denied for multiple reasons. First, the injured individual had three MRIs already and the first two showed the same left C6/7 HNP but the third and most recent was negative and interpreted as negative by one of her treating providers. Second, she has a completely normal neurological exam and always has had one although her requesting AP has given her a diagnosis of right C5 radiculopathy which is not supported clinically. Third, EMG has also been negative. Fourth, the injured individual had a neurological work up in 11/2006 that stated there is no neurologic problem.

Additional medical records were received on 08/23/2007 consisting of Pain Management notes. In review of the additional information, the injured individual has no overt C5 radiculopathy (motor, sensory, reflexes normal). She does have a positive Hoffman sign, which indicates an upper motor neuron dysfunction, but this is non-specific for C5 radiculopathy. She has positive Spurling on the right, which can indicate radiculopathy or musculoskeletal disorder, again a vague non-specific finding. MRI and EMG were both negative in the past, neurological work up was also negative in the past. There still remains no reason for another MRI for this 11 year old injury.

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 2004 pages 303-304.

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines 2007: Indications for imaging - MRI (magnetic resonance imaging):
- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present



- Neck pain with radiculopathy if severe or progressive neurologic deficit
- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present
- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present
- Chronic neck pain, radiographs show bone or disc margin destruction
- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury, radiographs and/or CT "normal"
- Known cervical spine trauma: equivocal or positive plain films with neurological deficit