

# IRO Express Inc.

An Independent Review Organization

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**DATE OF REVIEW:** JULY 18, 2007

**IRO CASE #:**

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

MRI of the neck and spine with and without dye

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

Board Certified Orthopedic Surgeon

**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)

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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Right shoulder MRI, xx/xx/xx

Left shoulder and cervical spine MRI,

Cervical spine MRI, 11/07/05

X-ray, 11/07/05

X-rays of the cervical spine, 02/09/06

Office notes, Dr., 10/18/06, 11/15/06, 12/07/06, 12/20/06, 02/02/07, 03/01/07 and 04/13/07

EMG guided injections recommended, 11/29/06

Noted, 01/11/07

Peer reviews, 06/04/07 and 06/20/07

IRO Assignment from TDI

Denial Letters from the URA

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is male who had tubing fall on his head and apparently developed subsequent neck pain. The xx/xx/xx MRI of the cervical spine showed narrowing of the central canal, multilevel degenerative changes and foraminal narrowing. The claimant

had surgery in 2005 without relief. The 11/07/05 MRI of the cervical spine documented a widespread decompression C3-4 to C6 with solid fusion. There was no pseudoarthrosis or abnormal cord signal. Enhancing scar was seen without mass effect. At C2-3 there was a left paracentral protrusion with spondylosis and a small amount of left foraminal encroachment. C6-7 showed right greater than left facet arthropathy significantly effacing the subarachnoid space with spondylitic ridging and central stenosis without cord deformity as well as moderate right foraminal encroachment and minimal left. Records showed that the claimant had another cervical surgery in 2006 for a decompression at C6. Once again, surgery did not relieve pain.

The claimant came under the care of Dr. for pain management. On the 11/18/06 physical examination the heel toe gait was normal. Cervical motion was limited with spasm. Sensation, reflexes and strength were intact. The claimant was treated with medication and therapy without benefit. He then had Botox injections times two, once again without relief. On 03/01/07 Dr. noted the claimant had ongoing pain despite medication changes. On examination strength was 5/5 with reflexes 2+ and Hoffman's negative. Lower extremity motor examination was normal. Valium was given for sleep. When the claimant returned on 04/13/07, pain was worse. The examination was unchanged. Due to the escalating pain a cervical MRI was recommended.

The MRI has been denied and an independent review has been requested.

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

The claimant is a person who has had ongoing neck complaints following a 2005 and 2006 cervical disc operation. He has been under the care of Dr. and has had Botox injections with documented limited range of motion, spasm and trigger points. The last MRI was done on 11/07/05 prior to surgical intervention which occurred on 02/09/06 and since that time he has continued to have pain and radicular complaints.

In light of the claimant's ongoing pain, lack of improvement with conservative care, radicular symptoms, and two previous operative procedures, and the fact that the claimant has not had an MRI following the most recent operation more than a year ago, it is medically reasonable and appropriate to proceed with the requested MRI of the cervical spine with and without dye to determine if there is any underlying anatomic abnormality that might be corrected in an attempt to improve this claimant's complaints and findings.

Official disability Guidelines Treatment in Worker's Comp 2007 Updates, Neck-MRI  
"MRI is the test of choice for patients who have had prior back surgery"

**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
- 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 (PROVIDE A DESCRIPTION)