

7301Ranch Rd 620 N, Suite 155-199  
Austin, TX 78726  
512-266-5815  
512-692-2924  
rm@iroamerica.smart-resolutions-usa.com

IRO America, Inc.

DATE OF REVIEW: OCTOBER 1, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical MRI

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Peer review, Dr., 07/12/07  
Peer review, Dr., 08/07/07  
Office note, 05/05/06  
EMG/NCS, 05/05/06  
Office notes, Patel, 06/13/06, 10/26/06, 11/09/06, 12/07/06  
ESI's, 11/07/06, 11/14/06  
Physician med consultant, 11/27/06  
Physical therapy note, 12/05/06  
Office note, 01/18/07  
Operative report, 03/01/07  
Peer review, 03/05/07  
Office note, 05/19/07  
Letter, Dr., 06/21/07  
Office notes, Dr., 06/28/07, 07/09/07  
Letter, Dr., 07/26/07  
Attorney letter, 09/18/07  
No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant reported neck, back and right knee symptoms after a fall from a ladder on xx/xx/xx. The records indicated that in xx/xx/xx, the claimant reported moderate severe neck pain and severe back pain. The claimant was diagnosed with cervical

radiculopathy along with lumbar radiculitis. The claimant continued treatment for neck and lower back pain throughout 2006.

Due to persistent knee pain, an arthroscopy of the right knee was performed on 03/10/07. A designated doctor examination followed on 05/19/07. Neck pain was noted with cervical tenderness. It was noted that previous MRI's of the cervical and lumbar spine showed mainly degenerative changes. A severe cervical and lumbar strain was diagnosed and it was determined that the claimant had reached maximum medial improvement.

A follow up physician visit dated 07/09/07 revealed the claimant with severe posterior neck pain associated with headaches and difficulty sleeping. Motion of the cervical spine was limited due to pain and some motor weakness was noted in the bilateral infraspinatus. The physician noted that previous MRI imaging was of poor quality with significant artifact. The previous cervical MRI appeared to show a disc protrusion at C4-5 and C5-6 with thecal impingement. A new image was recommended to evaluate bothersome cervical levels and assess the degree of impingement.

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

Repeat cervical MRI appears to be medically necessary and reasonable. The claimant is a who on xx/xx/xx fell from a ladder of six feet, injuring his neck, back and right knee complaints. He has difficulty with cervical pain when driving, worse when his head turns, experiences tingling into his hands and posterior neck pain as well as headaches. It should be noted in May 2006 that he had an MRI of the cervical spine which demonstrated degenerative changes. However, a letter by Dr. dated 07/26/07 documented that these images were of poor quality with significant artifact and are difficult to interpret. The claimant also has motor loss of 4/5 weakness in bilateral infraspinatus muscles. Due to these exam findings and symptomatology, a Miami collar and pain medicines were dispensed. The Reviewer's medical assessment is that it is reasonable to proceed with advanced imaging based upon this information and chronicity of symptomatology.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Neck and Upper Back: Magnetic resonance imaging

#### **Indications for imaging -- MRI**

- 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

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)