



Notice of Independent Review Decision

DATE OF REVIEW:

10/26/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Denial for request of repeat MRI to Cervical Spine and Left Shoulder.

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

Board Certified Chiropractor

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.

The medical necessity for the repeat studies is not established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 10/12/07
- MCMC Referral dated 10/12/07
- DWC: Notice To MCMC, LLC of Case Assignment dated 10/11/07
- DWC: Notice of Assignment Of Independent Review Organization dated 10/11/07
- DWC: Confirmation of Receipt of a Request For a Review dated 10/10/07
- LHL009: Request For A Review By An Independent Review Organization dated 09/27/07
- Report dated 09/19/07
- Letter dated 09/19/07 from Rep
- Request for Pre-Authorization dated 09/13/07 from D.C.
- Letter dated 09/11/07 from Rep
- Preauthorization Review Request (handwritten form) dated 09/04/07
- Center: Letter dated 08/30/07 from Dr.
- Center: Daily Notes Reports dated 08/16/07, 08/02/07, 07/26/07, 07/20/07, 07/18/07
- Report dated 08/16/07 (The Following Information Is Required... at top of form)
- Progress Notes (handwritten) dated 08/16/07, 08/21/07
- Letter dated 07/30/07 from M.D.
- Inc.: Report dated 04/19/07
- Center: Re-Evaluation for Post Injection Therapy dated 04/06/07 from Dr.
- MRI left shoulder dated 09/27/06, MRI left shoulder dated 10/16/05, MRI C-spine dated 10/16/05,

- Center: Re-Evaluation dated 09/05/06 from Dr.
- Center: Initial Evaluation dated 09/06/05 from Dr.

Note: Carrier did not supply ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate that the above captioned individual is a female who was allegedly involved in an occupational incident that reportedly occurred. The history reveals that she moved a stack of boards off a desk and experienced pain in the neck, mid back, low back and left shoulder. She presented to the office of the attending physician (AP) complaining of severe pain in the aforementioned areas. Initial examination revealed positive orthopedic testing as well as decreased ranges of motion in the affected areas. A course of chiropractic management was initiated. An MRI of the shoulder revealed tendonitis with a possible tear of the supraspinatus. Cervical MRI dated 10/15/2006 revealed mild multi-level protrusions with associated foraminal narrowing. Electrodiagnostic studies of the upper extremities dated 11/02/2005 suggested nerve irritation of the left C6-7 nerve root. Cervical CT with myelogram indicated a 2-3mm bulge at C6-7 and a 2mm bulge at C5-6. Repeat electromyogram (EMG) of the upper extremities showed evidence of a left C6-7 radiculopathy. The injured individual underwent surgery on 01/15/2007 to the left shoulder, which was a decompression with acromioplasty.

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

Occupational guidelines, such as the American College of Occupational and Environmental Medicine or Official Disability Guidelines, suggest consideration of repeat studies as requested in cases where there is documentation of a progressive neurologic dysfunction or if pain levels have reached to the point that surgery is under active consideration. Furthermore, conservative treatment is symptom based and advanced imaging studies should not be utilized as the basis of determining non-operative therapy. In this particular case, the documentation does not indicate that there have been any recent examinations that revealed indications of progressive neurologic dysfunction. The documentation is devoid of any recent examination that unequivocally suggests that the injured individual is experiencing or demonstrating progressive neurological deficit in the areas of concern. Furthermore, there does not appear in the documentation evidence of increased pain levels to the point that surgery is being considered at this juncture. As such, and consistent with the above referenced guidelines, the medical necessity for the repeat diagnostic procedures listed above is not established.

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**
- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**