

Independent Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: April 5, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient cervical myelogram/CT

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

OD Guidelines

MRI, Cervical, 03/04/02

Office note, Dr., 09/20/02

Operative report, 06/04/03

Office note, , 04/21/04

MRI cervical, 05/04/04

Office notes, Dr., 09/27/04 thru 02/11/08

EMG/NCS, 11/17/06

Office note, , 04/27/07

XT lumbar, 05/03/07

RME, 08/07/07

MRI cervical, 08/17/07

Denial Reviews, 02/19/08, 03/13/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year-old female who works with handicap men at a state school. She was trying to loosen a headrest on a wheelchair on xx/xx/xx when it broke loose and struck her in the head causing a fractured nose and neck pain. MRI evaluation of the cervical spine performed on 03/04/02 noted tiny two to three millimeter disc bulges at C4-5 and C5-6 with slight disc desiccation and without indentation of the cord or foraminal stenosis. The claimant treated with medications, physical therapy and epidural injections with continued complaints of bilateral arm pain, numbness and weakness. Electrodiagnostic studies noted nerve conduction evidence of left median and right ulnar neuropathy as well as right C6, C7 and C8 radiculopathy with negative myelographic findings. Physical examination on 09/20/02 demonstrated limited cervical and lumbar motion. There was a gap in records until 06/04/03 when she underwent right carpal tunnel release that failed to resolve her symptomatology. Another gap in records occurred until 04/21/04 when the claimant was noted to be treating with chiropractic management. Repeat cervical MRI evaluation conducted on 05/04/04 only noted a two millimeter posterior osteophyte at C5-6 without compression on the thecal sac, normal facet findings and patent foramina. The claimant continued to treat with multiple medications and activity modification with some Waddell findings exhibited on 09/27/04. Another gap in records occurred until 10/16/06 when the claimant continued treatment for her neck and arm pain. There was notation that she had undergone lumbar surgery at L5-S1 on 02/15/06 without details provided. Repeat electrodiagnostic studies conducted on 11/17/06 indicated bilateral median nerve pathology without evidence of radiculopathy. Physical examination on 04/27/07 noted a positive Spurling, positive compression and numbness along the left C6 and C7 dermatomes. She continued to treat with medications and therapy. A required medical examination completed on 08/07/07 felt the claimant sustained only a soft tissue strain, exhibited symptom magnification and did not require any further treatment. Another cervical MRI on 10/01/07 noted minimal C4-5 and C5-6 disc bulges without impingement. The claimant continued conservative management. Dr. examination on 11/20/07 noted dysreflexia of the right biceps compared to the left. Dr. felt the MRI was under read and recommended a CT/ myelogram evaluation.

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

The claimant has been treating for an extensive period of time following what sounds like a relatively minor mechanism of injury in relation to the cervical spine. She has had ongoing subjective complaints of pain and numbness that have not been clearly supported on objective examination, imaging or electrodiagnostic testing. There is reference to symptom magnification with possible psychological overlay without reference to a psychiatric evaluation. While there is MRI evidence of mild disc bulging at C4-5 and C5-6; there were no encroachment, indentation or impingement components identified and this finding most likely represents a normal aging process. The foramina, facet joints and canal were all noted to be patent. The claimant has been treated with physical therapy, chiropractic management, and multiple medications and has remained off work. Since her date of injury she has undergone right carpal tunnel release and lumbar surgery. On 02/11/08 Dr. stated the claimant's symptoms were getting worse without clearly outlining her functional or progressive neurological deficits. There is reference to a decreased left biceps reflex in relation to the right without a grading applied and with symmetrical strength and intact sensation. After a careful review of all medical records provided for review, there does not appear to be any surgical pathology and Dr. has not indicated that surgery has been recommended. The Official Disability Guidelines support cervical myelography for use in surgical planning. There is no

indication this claimant requires any surgical intervention; therefore, CT/myelogram evaluation would not be supported as medically necessary at this time.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates; Cervical-Myelography

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)