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DATE OF REVIEW: 04.24.08 AMENDED DECISION 04-28-08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat MRI of the cervical spine

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery
TX DWC ADL

REVIEW OUTCOME:

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

☒ Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Repeat MRI of the Cervical spine		-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	Office Visit	MD	12	06-22-07	09-13-07
2	Diagnostic	Diagnostic Radiology	2	06-05-07	06-05-07
3	Diagnostic	Health System	2	07-03-07	07-03-07
4	Office Visit	Chiropractic	9	10-30-07	03-07-08
5	FCE Evaluation	DC	8	10-22-07	10-22-07
6	UR		3	03-18-08	03-18-08
7	Office Visit		1	12-17-07	12-17-08
8	FCE	Accident and Injury Rehab	2	01-14-07	01-14-07
9	Exam	Evaluations	4	12-20-07	12-20-07

PATIENT CLINICAL HISTORY [SUMMARY]:

The request is for a repeat cervical MRI. Requestor is chiropractor, D.C.

Brief History:

The patient is a xx year old white female who slipped on a wet floor on xx/xx/xx landing on her right knee and right side of her body. She sustained contusions to right knee, right hip and low back. A right shoulder rotator cuff complete tear was diagnosed on MRI. She also complained of neck pain. A cervical MRI revealed multi-level degenerative changes with mild disc bulges and mild facet arthritis at multiple levels. There was a 2mm central bulge at C6-7. No disc herniations or significant spinal stenosis was seen. Diagnostic studies were right shoulder and cervical MRIs. Procedure was right shoulder rotator cuff repair on 08/07 and chiropractic treatments for cervical and right shoulder as well as pain management.

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

Review of the medical records failed to find any documentation of true radiculopathy or nerve root compression. A cervical MRI done on 07/03/07 revealed only pre-existent findings, multi-level bulges and facet changes. At C6-7 a 2mm bulge was called protrusion. However, there were no disc herniations or significant spinal stenosis described. There are no quality scientific studies that indicate or recommend that a cervical MRI be repeated in 6 months despite lack of progressive neurologic findings. In this case there have never been and there are no present neurologic objective positive findings. The notion that a certain doctor requires that an MRI be repeated 6 months after the last MRI was done despite the lack of objective positive physical findings is not in accord with evidence-based medicine. Therefore, based on the above rationale and peer reviewed guidelines, the request for repeat cervical MRI is recommended not be certified.

MRI study should be reserved for patients who have clear cut neurologic findings and those suspected of ligamentous instability (ODG, 4th ed., pg 1116, 2006). The ODG cervical neck and thoracic chapter states: Repeated MRIs are indicated only if there has been progressive neurologic deficit. Imaging studies are used most practically as confirmation studies once a working diagnosis is established.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG:

ODG, 4th ed., pg 1116, 2006

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on .