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Notice of Independent Review Decision

DATE OF REVIEW: 08-28-2008

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

Certified by the American Board of Physical Medicine & Rehabilitation

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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	723.4	72141	Overturned

PATIENT CLINICAL HISTORY:

The patient sustained a work related injury when she slipped and fell on xx/xx/xx. Initial diagnoses: Cervical strain, lumbar strain and thoracic strain. Current diagnoses: cervical radiculopathy. The treatment included physical therapy (36 sessions), trigger point injections, cervical ESI (on 04-22-02 and 05-22-02) and durable medical clinic. The report of 07-17-08 from treating physician notes that myelogram from 06-27-02 showed diminished filling bilaterally at C5-6, partially calcified disc herniation at C5-6 with spine cord as well as left C6 nerve root impingement. Lumbar myelogram on 06-27-02 showed left L4-5 foraminal disc protrusion and disc degeneration at L2-3. It further notes that the patient has bilateral L4 radiculopathy confirmed by electrophysiological studies and treated conservatively. The patient was noted to have new finding of bilateral deltoid weakness. The 05-28-08 C-spine x-rays showed disc narrowing and spondylosis present bilaterally at C5-6 with foraminal encroachments.

The treating physician requested a cervical MRI, but it was not considered medically necessary.

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

According to the Reviewer, there have been objective clinic findings of radiculopathy in the cervical spine. The primary treating physician noted a new neurologic dysfunction in terms of new deltoid muscle findings. The plain films would support that there is a degenerative process that would explain the findings.

As per ODG TWC Neck a repeat cervical MRI is “Not recommended” except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging.

Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. (Anderson, 2000) (ACR, 2002). MRI imaging studies are valuable when phsysiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected, like tumor, infection, and fracture, or for clarification of anatomy prior to surgery. MRI is the test of choice for patients who have had prior back surgery. (Bigos, 1999) (Bey, 1998) (Volle, 2001) (Singh, 2001) (Colorado, 2001). For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination, such as a cardiac pacemaker or severe claustrophobia, computed tomography

myelography, preferably using spiral technology and multiplanar reconstruction, is recommended. (Daffner, 2000) (Bono, 2007).

Indications for Imaging – MRI (magnetic resonance imaging):
– Chronic neck pain (after 3 months conservative treatment), radiographic normal, neurologic signs or symptoms present
– Neck pain with 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

Therefore, in the opinion of the Reviewer, based on the current clinical data and plain films reports, the repeat MRI is clinically indicated for this patient and meets ODG criteria.

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)**