

True Resolutions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

Amended August 26, 2008
8/8/08

DATE OF REVIEW: 08/06/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI of the cervical spine

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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

Denial Letters 6/30/08 and 7/18/08

Medical Records from Dr. 12/29/03, 02/05/2004, 03/24/2004, 05/05/2004, 07/16/2004, 08/27/2004, 12/13/2004, 01/19/2005, 12/02/2005, 02/27/2006, 06/07/2006, 11/29/2006, 06/13/2008

Cervical Myelogram w/CT 2/2/04

MRI 4/22/03

EMG 3/1/04

Peer Reviews 11/29/04 and 12/26/06

Letter from Office 7/28/08
DWC Decision and Order regarding extent of cervical injury, 10/9/06
10-11/17/06
11/29/04
Dr. -11/29/04
Dr. -12/26/06
Emergency Dept.-1/13/03
Dr, -1/03-6/03
Dr.; Dr. -4/03-2/04
Dr, -5/03-11/03
Dr. -12/03-6/08
Dr. -3/04
PT; PT-4/04-10/04
Dr. -5/04
Dr. -12/04

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male with a date of injury xx/xx/xx when he was carrying cedar pole on his shoulder and fell down. He complains of intermittent sensory discomfort and pain in the arms and into the hands. Neurological examination reveals a decreased triceps reflex on the right. A neurological examination 11/29/2006 revealed symmetric reflexes. Symmetric reflexes were also noted 06/07/2006, 02/27/2006, 12/02/2005, 01/19/2005, 07/16/2004, and 05/05/2004. A cervical myelogram and post-myelo CT scan 02/02/2004 revealed a left paracentral disc bulge at C5-C6. There was also disc space narrowing at C6-C7. An MRI of the cervical spine 04/22/2003 revealed a left paracentral disc herniation at C5-C6 with mild canal stenosis and patent neuroforamina. An EMG 03/01/2004 was normal. The provider is requesting an MRI of the cervical spine

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

The repeat MRI of the cervical spine is medically necessary. The patient has a new neurological finding that has never been present before. That, in the face of continued symptoms warrants a repeat MRI. According to the ODG, "repeat MRI's are indicated only if there has been progression of neurologic deficit". Given the new findings on physical examination, the repeat MRI is medically necessary.

Indications for imaging -- MRI (magnetic resonance imaging):

- 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

Repeat MRI's are indicated only if there has been progression of neurologic deficit. ([Bigos, 1999](#)) ([Mullin, 2000](#)) ([ACR, 2000](#)) ([AAN, 1994](#)) ([Aetna, 2004](#)) ([Airaksinen, 2006](#)) ([Chou, 2007](#))

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)**