



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: July 14, 2008

IRO Case #:

Description of the services in dispute:

Denied for medical necessity: Items in Dispute: MRI C-Spine.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Family Medicine in General Family Medicine and by the American Board of Preventive Medicine in General Occupational Medicine. This reviewer is a member of the American Academy of Family Practice and the Colorado Academy of Family Practice. This reviewer has been in active practice since 1977.

Review Outcome

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

Upheld

Denied for medical necessity: Items in Dispute: MRI C-Spine.

Given the patient's resolution of cervical and arm symptoms as documented by Dr. on 3/28/01, his work-related injury treatment is considered to have been complete as of that date, and any further neck pain and/or upper extremity symptoms would not be reasonably or causally connected to his work-related injury of xx/xx/xx. Therefore, the MRI C-Spine is not medically necessary.

Patient clinical history [summary]

This now-xx year-old male was working at xxxx on xx/xx/xx when he lifted a display and had subsequent neck pain and right arm symptoms. Three weeks later an MRI was performed which showed multi-level cervical disc disease. The patient's C7-T1 disc herniation was considered acute

and, after a course of steroids and a myelogram, he underwent an anterior cervical discectomy, with abortive attempt at fusion, by MD, on approximately 9/1/00. Postoperatively the patient had gradual improvement of neck and arm symptoms to the point that, on 3/28/01 Dr. note states, "He really doesn't have any complaints related to his neck." Unrelated to his work injury, the patient began reporting low back pain in early 2001. During an evaluation for low back pain by Dr. on 4/8/02, he was discovered to be moderately anemic. Subsequent endoscopy diagnosed gastric/duodenal ulcers attributed to NSAID use; this condition responded to oral medication including Prevacid and anti-H. pylori antibiotics. Lumbar surgery was deferred by Dr. pending 70- to 80-pound weight loss by the patient. Postoperatively following his neck surgery, the patient was seen once or twice monthly by his personal physician, DO, for the next several years. The majority of "reason for visit" statements relate to narcotic medication refills and/or neck pain. [Note: The records provided document approximately 80 office visits between 1/14/00 and 9/13/07. The patient was treated for other conditions by Dr. as well, including hypertension, anxiety, low back pain, and insomnia. In none of these visits is an upper extremity neurologic exam recorded; a few visits mention neck pain or pain with cervical range of motion.]

The patient was sent by Dr. to, MD, who performed an upper-extremity EMG on 4/2/07. Dr. note states, "He described some numbness in the right arm described as sharp pain in the neck starting last year... The patient continued to have problem with neck pain and numbness of the right arm." The EMG was reported as normal. Dr. continues, "With his persistent neck pain and shoulder pain and also numbness in the right arm, would recommend to pursue evaluation with MRI of the cervical spine... He may also benefit from physical therapy." The last clinic visit with Dr. for which records are provided for Review occurred on 9/13/07. This patient's course of treatment and related medical necessity have been reviewed by multiple physicians as follows:

- (1) MD Designated doctor evaluation, 2/18/08, Extent of Injury. Dr. stated he "would include the cervical spine along with the left shoulder".
- (2) MD, 9/12/07, record review. Dr. stated the patient's diagnosis was, "Uncomplicated cervical strain by mechanism of injury. Pre-existing cervical degenerative changes. ... Initial treatment was certainly reasonable and appropriate; however, the patient at the current time is almost years out from his injury. It would seem grossly excessive" to continue current treatment. "In my opinion, none of the current treatment is reasonable or necessary as related to the xx/xx/xx injury... condition plateaued many years ago... no further testing or treatment necessary... maintenance care is not related to the original injury...wean off narcotic medications... MMI 4/25/01.... current treatment and current medications are not related to the original injury."
- (3) MD, Professional Reviews, Inc., 5/21/08. Dr. opined that a cervical MRI did not meet the ODG criteria due to lack of documented upper extremity findings.
- (4) MD, Medical Review Institute of America, 6/10/08. Dr. opined similarly to Dr.

(5) MD 7/30/04, peer review. Dr. opined that it would be reasonable to continue medications.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

ODG (Official Disability Guidelines), Section--Neck and Upper Back (Acute & Chronic), Subsection--Procedure Summary, item--MRI, states, "Not recommended except for indications list below.... 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.

[Reviewer note: This patient did not have normal radiographs, based on his x-ray report of 2/22/07. The patient also had prior documented cervical spine abnormalities of an acute and chronic/degenerative nature on an MRI of 2/3/00. This patient did have "neurologic symptoms" of arm pain as noted by Dr. report of 4/2/07, but from the records provided for Review, no physician has documented any "neurologic signs" such as motor weakness, deficit of sensation, reflex abnormality or muscle atrophy in the interval from 2/9/00 to 9/13/07. As noted above, the patient's EMG was normal.]

This patient's clinical presentation does not meet ODG guidelines for obtaining a cervical MRI with or without contrast. There is agreement with Dr., that the patient's current cervical pain is an expected symptom of chronic cervical spondylosis. Given the patient's resolution of cervical and arm symptoms as documented by Dr. on 3/28/01, his work-related injury treatment is considered to have been complete as of that date, and any further neck pain and/or upper extremity symptoms would not be reasonably or causally connected to his work-related injury of xx/xx/xx

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG (Official Disability Guidelines), Section--Neck and Upper Back (Acute & Chronic), Subsection--Procedure Summary, item--MRI, as excerpted above.

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