

I-Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: 7/25/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI Neck Spine w/o & w/Dye, 72156

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

AADEP Certified
Whole Person Certified
TWCC ADL Doctor
Certified Electrodiagnostic Practitioner
Member of the American of Clinical Neurophysiology
Clinical practice 10+ years in Chiropractic WC WH Therapy

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity exists for MRI Neck Spine w/o & w/Dye, 72156.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee was involved in an occupational injury. The injured employee recently developed a reoccurrence of pain with numbness and tingling in the left upper extremity. The injured employee was given a Dose Pak which did not provide any relief. The employee continued to develop progressive signs of neurological impingement with diminished reflex and sensory deficits. MRI from 2006 did reveal a left disc herniation at C5-6 with encroachment upon the neural foramen. MRI with and without contrast has

been requested.

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

Medical documentation submitted for this case supports the request for an MRI of the cervical spine. The request is supported by the ODG. The reviewer finds that medical necessity exists for MRI Neck Spine w/o & w/Dye, 72156.

MRI of the cervical spine is indicated as the injured employee has documented:

- Positive orthopedic test
- Positive neurological findings
- Suspected spine trauma
- Pain for extended period of time greater than 3 months

Additionally, the patient's condition has not improved under current treatment plan and has been progressively worsening.

See below. Noted the findings are for mid and upper back as indicated by ODG.

Magnetic resonance imaging (MRI)	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) See also ACR Appropriateness Criteria™ . MRI imaging studies are valuable when physiologic 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
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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), 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

Definition -- *Diagnosis*: This is a difficult diagnosis to make. The clinician generally looks for signs and symptoms of long-tract findings (motor weakness, hyperreflexia, spasticity, ataxia, pathological reflexes, and myelopathic hand findings). In the early stages of cervical spondylotic myelopathy the first signs may be awkwardness of gait and balance. Upper extremity signs may include clumsiness or diffuse numbness of the hands. An area of signal changes in the spinal cord on MRI in an area of stenosis is highly suggestive of developing myelopathy. *Treatment*: There is no standard treatment algorithm due to the variable presentation and the lack of randomized trials evaluating treatment options. Surgical treatment (decompression) is recommended for patients with severe and/or progressive disease, but there is no established guideline for patients with non-progressive disease. *Goal of surgery*: The goal of surgical treatment is to decompress the spine and then to stabilize the vertebral segments if there is evidence of segmental instability. ([Rao, 2006](#)) See also [Decompression, myelopathy](#).

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 KNOWLEDGBASE
- 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)**