

IRO Express Inc.

An Independent Review Organization

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DATE OF REVIEW: June 22, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI to the bilateral brachial plexuses

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

Board Certified Orthopedic Surgeon

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

IRO assignment letter to reviewer, 06/12/08

Letter to carrier, Dr. 05/07/07, 09/10/07, 04/14/08

MRI cervical spine, 05/17/07

EMG/NCV, 05/22/07

Office notes, Dr. 06/05/07, 06/25/07, 08/06/07, 09/05/07, 10/23/07, 11/20/07, 12/18/07, 01/15/08, 02/19/08, 03/11/08, 04/09/08

EMG/NCV, 07/17/07, 02/12/08

Letter, Dr. 07/27/07

Psych evaluation, Dr. 10/18/07

Office note, Dr. 02/11/08

Script for MRI, 02/12/08

Fax authorization request, 03/07/08

Peer review, Dr. 04/15/08

Peer review, Dr. 04/23/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female with a date of injury of xx/xx/xx. This injury occurred when the claimant was pulling out paper from the computer palm up, she noted a twinge in both hands, it felt like a strain or rupture. The claimant was reported to have numerous surgeries in the past, surgeries on the brachial plexus on both sides, the median nerve in the arm, the ulna nerve at the elbow, and median and ulna nerves on both sides. On 02/12/08 an electromyogram and nerve conduction study found no evidence to suggest ulnar neuropathy or neurogenic thoracic outlet syndrome. The claimant complained of bilateral arm and shoulder pain with no improvement. Dr. had diagnosed the claimant with reflex sympathetic dystrophy on 05/07/07. Dr. has requested an MRI for the brachial plexus to see if there are any circulatory problems.

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

The requested MRI of the brachial plexus bilaterally does not appear justified based on a careful review of all medical records.

The claimant has chronic symptoms for over 12 years and has undergone numerous surgeries including the brachial plexus as well as peripheral nerve releases more distally. She has had multiple electrodiagnostic studies which have not localized pathology to the brachial plexus.

Since she has had prior surgery on the brachial plexus as well as electrodiagnostic studies that do not reflect pathology in that area, it is unclear why additional MRI studies of the brachial plexus would be recommended. The information provided would not appear to justify the request for these studies.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates,
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. 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. For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: antero-posterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging.

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

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)**