

# Applied Resolutions LLC

An Independent Review Organization  
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## Notice of Independent Review Decision

**DATE OF REVIEW: MAY 7, 2008**

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

MRI of Lumbar Spine, MRI Cervical Spine

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

Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in Pain Management  
Subspecialty Board Certified in Electrodiagnostic Medicine  
Residency Training PMR and ORTHOPAEDIC SURGERY

### **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**

Adverse Determination Letters 3/14/08, 2/12/08  
Outpatient Progress Notes 7/27/07, 10/16/07, 2/28/07, 1/4/07, 11/6/06, 11/3/06, 11/2/06, 11/1/06, 10/30/06, 10/27/06, 10/25/06, 10/23/06, 10/20/06, 10/18/06, 10/16/06  
Update Assessment/ Physical Examination 6/21/07, 5/24/07, 4/27/07, 1/3/07, 12/8/06, 11/8/06, 9/28/06  
Causation Letter 6/7/07, Initial Assessment/ Physical Examination 9/28/06  
Active Rehabilitation Sheets 11/6/06, 11/3/06, 11/1/06, 10/27/06, 10/25/06, 10/23/06, 10/20/06, 10/18/06, 10/16/06  
Injury and Rehabilitation Progress Report 1/4/07, 11/2/06, 9/21/06  
Prescription 1/4/07, 11/2/06, 9/21/06

Upper Extremity electromyography and NCV 2/7/07  
CT Head 8/23/06  
FCE's 3/27/07, 1/10/07, 2/13/08  
Pre-Authorization Requests  
Medical Necessity 3/20/08  
Physical Exam 3/6/08  
Work Conditioning Program Weekly Conference Report 2/14/07  
Work Conditioning Progress Notes

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a xx year old woman struck by a pallet of 50 pounds (one note said 100 pounds) on the back of her head. The date of injury was xx/xx/xx. Her head CT was normal. She had neck and back pain with upper extremity pain. The EMG done reported no evidence of a radiculopathy. Xrays of the cervical spine were normal. She continues to have neck and upper back pain and lower back pain. Her neurological examination described a reduced light touch in her left upper extremity, but not specified to any nerve root. The remaining neurological studies of the cervical and lumbar innervated region were normal. She has reduced motion in the cervical area and lumbar area with pain and local tenderness.

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

The medical records demonstrate that there is no neurological loss. The patient's electrodiagnostic studies are normal. It has been 21 months since her injury.

The ODG describes the indications for a cervical MRI as follows:

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 the date of injury. .

The patient does not meet the above criteria: The patient's x-rays showed no evidence of any trauma or spondylosis. She had no prior cervical surgery. There are no neurological abnormalities except for subjective complaints. Her EMG was normal. Although she has pain, there are no specific neurological symptoms other than a comment of reduced sensation to light touch of the left upper extremity and a comment that "cervical compression reveals radiculopathy to both arms."

The ODG for a lumbar MRI is:

Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) ([Andersson, 2000](#))
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient

The patient does not meet the criteria: The patient has back pain, but there is no evidence of any neurological loss or radiculopathy. There is no history of direct trauma to her low back. The lumbar x-rays reportedly did not show any fracture.

In summary, this patient does not meet the criteria established by the ODG for either a cervical MRI or for a lumbar MRI, and the reviewer has determined that neither procedure is medically necessary in this case.

**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)**