



Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 4/20/09

Date Amended: 4/23/09

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for:

1. MRI of the right shoulder.
2. MRI of the cervical spine, without contrast.
3. MRI of the brain.

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

Texas licensed Family Medicine Physician

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 previously denied request for:

1. MRI of the right shoulder.

2. MRI of the cervical spine, without contrast.
3. MRI of the brain.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- **Determination Notification Letter/Review Summary dated 2/27/09.**
- **Review Summary dated 3/9/09.**
- **Follow-Up Letter dated 6/6/08, 5/2/08, 3/14/08, 1/25/08.**
- **EEG Review Letter dated 1/18/08.**
- **Follow-Up Note dated 1/28/09, (unspecified date).**
- **Procedure Request Form dated 2/12/09.**
- **Electromyogram and Nerve Conduction Studies Report dated 1/17/08.**
- **Review Request dated 4/15/09.**
- **Confirmation dated 4/15/09.**
- **Progress Notes dated 2/6/09.**
- **Cervical Spine MRI dated 10/26/07.**
- **Notice dated 4/16/09.**

There were no guidelines provided by the URA for this referral

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Female

Date of Injury: xx/xx/xx

Mechanism of Injury: Slip and Fall

Diagnoses: Headache; right C6 radiculopathy.

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

The claimant is a xx year-old female who, according to previous reviews, was injured on xx/xx/xx, in a slip and fall accident. The treating neurologist did not discuss the specifics of her injury in the records provided. The diagnosis was headache and right C6 radiculopathy. An independent review was requested from Dr. regarding the above studies. The reviewer found it interesting that he provided no additional clinical rationale despite the fact that these tests had been denied twice previously in review. The most recent note that he submitted did not even document a complete neurological examination. It stated there were "no acute interval changes." There was no information about why an MRI was needed of the right shoulder, and it is not clear that a cervical spine MRI was necessary since the claimant did not have any acute changes on her exam. Multiple records were reviewed. The most recent progress note from February 6, 2009 stated that the claimant had "ongoing pain, numbness, and weakness to the right upper extremity on the shoulder, which goes to the anterolateral aspect of the neck." The claimant continued to have some tingling sensations of the neck. The claimant had difficulty using her upper extremities and became tired and shaky. (The review of records

showed a history of similar complaints for 1-2 years). As mentioned, her neurologic exam showed she was "alert and oriented with no acute interval changes." A cervical spine MRI was performed on October 26, 2007. It showed a 3-mm extruded disk in the right paracentral region, extending into the neuroforamen on the right at C6-C7. There was slight indentation upon the cervical cord on the right, and a 2-mm to 3-mm central disk protrusion minimally indenting upon the cervical cord at C5-C6, and mild central disk bulge abutting the cervical cord at C3-C4. An EMG/NCV was performed on January 17, 2008, and it showed a right C6 radiculopathy without acute denervation. An EEG of the brain was performed on January 18, 2008, and it was normal. The only progress note submitted by Dr. [redacted] which showed a physical exam was from nearly a year ago, in May, 2008. The claimant had spasms in her muscles, but the location was not specified. The funduscopy exam showed "we could not see the venous pulsation." She had tenderness in the neck and shoulders with weakness of grip on the right side. The grade of weakness was not specified. She had hyposensitivity in the C5-C6 dermatome of the upper extremity on the right. He wanted a CT scan of the brain to make sure there was not increased intracranial pressure. Regarding the need for the EMG/NCV of the upper extremities, a denial was recommended. The claimant appeared to have unchanged findings with decreased grip strength on the right, and a known C6 radiculopathy. The cervical spine MRI was also denied. The guidelines state in the lumbar spine section (the Cervical Spine section does not address repeat scans) that repeat scans are indicated only if there is "progression of neurologic deficit." The claimant did not have a progression in neurologic deficits according to the records supplied by Dr. [redacted]; therefore, the cervical spine MRI was denied. The right shoulder MRI was also denied. There was a mention of shoulder pain in some of the progress notes, but nowhere was the shoulder actually ever examined. Additionally, the Official Disability Guidelines state that magnetic resonance imaging of the shoulder is indicated for "acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs, or subacute shoulder pain, suspect instability/labral tear." None of these diagnoses or indications were demonstrated in the records, so the right shoulder MRI was denied. Regarding the MRI of the brain, again, there was little information about why this test would actually be needed for this claimant. The Official Disability Guidelines state in the head section that an MRI is indicated "to determine neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness, to define evidence of acute changes superimposed on previous trauma or disease." Again, there was no documentation in the records that the claimant had neurologic deficits not explained by CT, a prolonged interval of disturbed consciousness, or evidence of acute changes superimposed on previous trauma or disease. Based on the information provided for review, all of the requests were denied.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE.
- AHCPH – 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. Official Disability Guidelines, Web Based Version, 7th Edition, 2009, Shoulder MRI, Cervical Spine Section MRI, Head Section MRI brain.

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).