



Southwestern Forensic  
Associates, Inc.

## REVIEWER'S REPORT

**DATE OF REVIEW:** 08/30/09

**IRO CASE #:**

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

Cervical MRI scan

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering cervical spine problems

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

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**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient is a xx-year-old male with multiple injuries. He suffered an injury in xxxx, which led to an anterior cervical discectomy and fusion at the level C5/C6 in December 2005. He subsequently had persistent cervical pain, upper extremity pain, and low back pain. CT scan of the cervical spine in April 2008 failed to reveal significant bone or joint abnormalities other than the residuals of the surgical procedure from December 2005. The neurological evaluation failed to reveal any abnormalities in both upper extremities. The original request for the preauthorization of multiple medical studies was denied. The most recent reconsideration is for cervical MRI scan alone.

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

The physical findings of this patient as late as 07/22/09 failed to reveal evidence of neurological findings which might suggest cervical radiculopathy. The EMG/nerve conduction study of October 2008 revealed multiple fasciculations in paraspinous muscles compatible with postoperative changes. There was no canal encroachment or encroachment on neural foramina which might suggest specific compressive compromise. The ODG 2009 Cervical Spine chapter with the passage on magnetic resonance imaging yields criteria which have not been met.

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

*(Check any of the following that were used in the course of your review.)*

- 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Cervical Spine Chapter, Discography passage.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)