



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: October 22, 2009

IRO Case #:

Description of the services in dispute:

MRI of the cervical spine

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Psychiatry & Neurology in General Neurology. This reviewer is a member of the American Medical Association and the Texas Neurologic Society. This reviewer completed a fellowship in Neurophysiology. This reviewer has been in active practice since 1993.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

The MRI of the cervical spine is not medically necessary.

Information provided to the IRO for review

Received from the state 10/14/09:

Letter from Attorneys at Law 10/13/09 – 2 pages
Form for Requesting a Review by an IRO 10/13/09 – 9 pages
Adverse Determination Notice 9/10/09 – 3 pages
Adverse Determination Notice 5/18/09 – 2 pages

Received 10/19/09:

Letter from Attorneys at Law 10/19/09 – 2 pages
Request for Authorization 9/4/09 – 1 page
Clinical Notes, Dr. 9/3/09 – 2 pages
Request for Authorization 5/15/09 – 1 page

Outpatient Radiology Orders, undated – 1 page
Clinical notes, Dr. 9/2/08, 12/1/08, 5/12/09 – 4 pages
MRI Cervical Spine 2/16/07 – 2 pages
ODG–TWC: Neck and Upper Back: MRI – 1 page

Patient clinical history [summary]

The patient is a male who sustained cervical injury xx years ago. No prior studies or treatment are indicated except anterior cervical decompression and fusion from C4–C7. Most recent MRI of 2/07 reveals prior surgery and further degenerative changes. There is no significant pathology. The notes reflect continued neck pain, spasms, tenderness, and radicular pain. There are no documented advancing motor deficits, re–injury or aggravation. There is no change in physical exam findings exception left deltoid strength 4/5. The patient has pain from neck to shoulder and pain in the right arm. Office visit notes indicate weakness of the left finger extensors and possible rotator cuff pathology.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Cervical spine MRI is not medically necessary. There is no evidence of ongoing cervical radiculopathy documented by clinical notes. Weakness of the left deltoid is suspected to be due to possible left rotator cuff pathology. No radicular symptoms are documented. There is no sensory deficit, no reflex asymmetry, and no evidence to support myelopathy. There is no evidence to support the presence of radiculopathy or severe or progressive neurologic deficit in this patient.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG–TWC: Neck/Upper Back, MRI:

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 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 (sprain),

radiographs and/or CT normal

-Known cervical spine trauma, equivocal or positive plain films with neurologic deficit