

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 04/11/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat cervical spine MRI scan

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
			<i>Prosp</i>						<i>Overturn</i>

INFORMATION PROVIDED FOR REVIEW:

1. Certificate of Independence of the reviewer
2. TDI case assignment
3. Letters of denial, 01/26/10 and 02/23/10 including criteria used in the denial
4. Treating doctor's evaluation and followup, 10/20/08 through 03/04/10, twelve visits
5. Orthopedic evaluation and followup, 04/27/09 through 11/30/09, six visits
6. Radiology reports, 10/08/08 and 01/07/09
7. Functional Capacity Evaluation, 12/28/09
8. Designated Doctor Evaluations, 11/09/09 and 10/26/09 with clarification on 10/30/09
9. EMG/NCV neurological evaluation, 03/09/09
10. Peer Review, 07/29/09
11. Pain management evaluation and followup, 03/29/09 through 06/24/09, three visits

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient suffered an injury at work at which time a heavy stack of towels landed on the top of her head, injuring her head, neck, and left shoulder. She was initially treated conservatively. Initial MRI scan showed bulged discs impinging centrally on the spinal cord at the C4/C5 and C5/C6 levels. The patient failed initial conservative management. MRI scan of the left shoulder revealed mild supraspinatus tendinosis with a subtle bursal-sided tear, acromioclavicular arthritis, impingement, and bursitis. The patient underwent arthroscopic subacromial decompression; however, the patient continued to have neck

symptoms as well as arm pain, numbness, and paresthesias. The patient has deltoid, biceps, and wrist extensor weakness. The patient's EMG revealed left C6 radiculopathy. A repeat MRI scan was recommended to rule out the possibility of foraminal stenosis on the left at the C5/C6 level due to the physical examination findings and EMG findings. This was denied by the insurance company due to the lack of change in neurological examination.

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

The patient has multiple reasons to have neck and shoulder pain. The patient previously has undergone arthroscopic surgery of the shoulder and continues to have symptoms. Previous MRI scan from last year showed central disc bulges with no evidence of neural foraminal encroachment. At this point the patient is possibly being considered for nerve root injections or potentially cervical decompression. Repeat MRI scan would be helpful in seeing if the disc bulges have progressed to lateralizing neural foraminal type lesions that would explain the EMG findings. Therefore, the MRI scan would help guide further care that this patient needs and is medically reasonable and necessary.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 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.
 - 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 (OKU Spine).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
-