

# **INDEPENDENT REVIEWERS OF TEXAS, INC.**

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## **Notice of Independent Review Decision**

**DATE OF REVIEW:** 07/27/10

**IRO CASE NO.:**

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

Item in dispute: URGENT – Appeal - MRI Cervical Spine 06/11/2010

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

Texas Board Certified Physical Medicine & Rehabilitation

Certified in Hyperbaric Medicine

**REVIEW OUTCOME**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. 01/27/10 - Clinical Note - MD
2. 02/05/10 - Clinical Note - JPsy.D. M.B.A
3. 03/19/10 - Clinical Note - MD
4. 04/05/10 - Clinical Note -, MD
5. 05/24/10 - Clinical Note -, MD
6. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a male who is status post a C3-C5 spinal cord injury with quadriplegia ASIA classification following a motor vehicle accident on xx/xx/xx.

The clinical notes begin with an evaluation on 01/27/10 with Dr.. The employee reported increased neck pain and abdominal spasms with spasticity in his lower extremities. The neurological examination revealed a flat affect. There was no spasticity appreciated on examination. The physical examination revealed a non-healing wound over the right elbow that appeared to be tracking into the olecranon bursa. The employee was assessed with C3-C5 ASIA classification A quadriplegia secondary to a spinal cord injury following a motor vehicle accident, chronic spasticity, depression, constipation, neurogenic bladder, status post

colostomy, and bilateral shoulder subluxation. The employee was recommended for follow up with the psychologist.

The employee was seen for psychological evaluation on 02/05/10. His BAI score was 44 indicating severe anxiety and his BDI score is 48 indicating severe depression. The employee was recommended for psychiatry evaluation. The employee was also recommended for sixteen to eighteen sessions of behavioral pain management training.

The employee was seen by Dr. on 04/05/10. The employee complained of intermittent pain behind his head in the occipital area. He denied visual changes, fevers, chills, nausea, or shortness of breath. The physical examination revealed tenderness to palpation over the greater occipital nerves, but the employee had pain in this area previously. There was no swelling. The employee was recommended for ice massage for three to five minutes the next time he had pain to the back of the head.

The employee returned to Dr. on 05/24/10. The employee complained of increasing left shoulder pain with any passive range of motion. The neurologic examination revealed spasticity in the abdominal muscles with increased tone in the upper and lower extremities. The employee had good recollection of presidents from Obama to Carter, but he had difficulty remembering three items in five minutes. The physical examination revealed limitation in the bilateral shoulder passive range of motion with worsening spasticity at the end range of motion. There was subluxation noted in both shoulders, but this was more pronounced on the left. Dr. was concerned about a syringomyelia which would initially present as pain. The employee was recommended for MRI of the cervical spine and brain. The employee was also recommended for radiographs of both shoulders.

The request for an MRI of the cervical spine was denied by utilization review on 06/09/10 due to current plain film cervical spine imaging not submitted for review.

The request for an MRI of the cervical spine was denied by utilization review on 06/14/10 due to no evidence that the employee had a progression of neurological symptoms or had undergone a prior non-diagnostic radiograph of the cervical spine.

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

The clinical documentation provided does not support the requested MRI of the cervical spine. There is no objective evidence on physical exams of any radiculopathy with severe or progressive neurological deficits. Although the employee has continued complaints of neck pain there are no plain films of the cervical spine available for review. Current evidence-based guidelines do not

recommend repeat MRI studies in the absence of objective evidence of radiculopathy or plain films.

As the clinical documentation does not meet recommendations in current evidence-based guidelines, the prior denials are upheld and the request for a repeat MRI of the cervical spine is not medically necessary.

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

1. **Official Disability Guidelines**, Online Version, Neck and Upper Back Chapter