

Notice of Independent Review Decision

**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 12/7/2010  
**IRO CASE #:**

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

1 MRI of the Cervical Spine between 11/3/2010 and 1/2/2011. This is an appeal to review 73051

**QUALIFICATIONS OF THE REVIEWER:**

Orthopaedics, Surgery Trauma

**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)

1 MRI of the Cervical Spine between 11/3/2010 and 1/2/2011. This is an appeal to review 73051 Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Facsimile cover sheet dated 11/17/2010
2. Confirmation of receipt of a request for a review dated 11/16/2010
3. Request form by author unknown dated 11/15/2010
4. Letter by author unknown dated 11/10/2010
5. Letter by author unknown dated 10/7/2010
6. Notice to analyses DBA of case assignment dated 11/7/2010
7. The ODG Guidelines were not provided

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

Xx is a male. He was injured regarding this claim on xx/xx/xx when he tripped and fell injuring his back while moving some baskets of bread. He has been treated mainly for his low back, with conservative measures, pain medication, manipulation, ESI and diagnostic tests. Regarding his cervical spine, the injured employee had a MRI of his cervical spine on November 3, 2008. The findings included spondylosis with disc bulges at C5-6 and C6-7. His last exam documented included marked tenderness in trapezius on bilateral upper extremities, decreased axial rotation. There was normal strength in the bilateral upper extremities. There was decreased sensation in his right C6 dermatome.

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

Name: Patient\_Name

The injured employee's history is above. The denial for repeat cervical MRI is upheld. There is no clinical indication for MRI, there is no progressive neurologic deficit, and no change in exam nor any evidence of radiculopathy. There has been no report of any recent radiographs, nor any radiographs noted.

The ODG criteria state the indications for cervical MRI include:

Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit;
- Lumbar spine trauma: trauma, neurological deficit;
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit);
- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags";
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) (Andersson, 2000);
- Uncomplicated low back pain, prior lumbar surgery;
- Uncomplicated low back pain, cauda equina syndrome;
- Myelopathy (neurological deficit related to the spinal cord), traumatic;
- Myelopathy, painful;
- Myelopathy, sudden onset;
- Myelopathy, stepwise progressive;
- Myelopathy, slowly progressive;
- Myelopathy, infectious disease patient; and
- Myelopathy, oncology patient

The injured employee does not have any of the reasons above to warrant a MRI. There are no red flag signs. There are no recent radiographs. There is no indication of how this will affect the treatment plan.

The clinical exam is not indicative of any real surgical pathology. The recommendation is to uphold the previous denial.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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 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
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)

Neurosurgery. 2007 Jan;60(1 Supp1 1):S7-13. Cervical spondylosis anatomy: pathophysiology and biomechanics. Shedid D, Benzel EC.

Neurosurgery. 2007 Jan;60(1 Supp1 1):S14-20. Neurological manifestations of cervical spondylosis: an overview of signs, symptoms, and pathophysiology. Harrop JS, Hanna A, Silva MT, Sharan A.