

Wren Systems

An Independent Review Organization
3112 Windsor Road #A Suite 376
Austin, TX 78703
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/22/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient cervical MRI without contrast

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

M.D., Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Peer reviews, 11/02/09, 11/24/09

Emergency Room, 12/04/07

Left humerus x-rays, 12/04/07

Left hand x-ray, 12/04/07

Office note, Dr. 12/06/07, 12/20/07, 01/31/08, 02/18/08, 05/29/08, 06/30/08, 08/26/08

Cervical spine X-rays, 12/06/07

X-rays left shoulder, 01/31/08

MRI cervical spine, 02/11/08

MRI left shoulder, 02/11/08

DDE, Dr. 03/18/08, 07/25/08

EMG, 04/01/08

Office note, Dr. 05/07/08, 06/04/08, 10/20/08, 11/17/08, 12/15/08, 01/12/09, 02/23/09, 04/07/09, 04/16/09, 05/22/09, 07/27/09, 08/21/09, 10/23/09

Operative report, Dr. 07/15/08

Office notes, Dr. 10/21/08, 12/16/08, 02/10/09, 05/19/09, 07/16/09, 08/20/09, 09/10/09, 11/11/09

MRI cervical spine, 12/10/08

Office notes, Dr. 04/16/09, 04/27/09, 05/05/09, 06/05/09, 06/17/09, 06/25/09, 08/31/09, 09/29/09, 10/29/09

Office note, Dr. 6/24/09

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, chapter neck and

upper back

PATIENT CLINICAL HISTORY SUMMARY

This claimant complained of left neck and left upper extremity pain. The 12/06/07 cervical spine x-rays showed mild degenerative disc disease with disc space narrowing and marginal osteophytic reaction at C4-5 and C5-6 and at C6-7. The claimant was status post glenoid fracture of the shoulder. The 01/31/08 x-rays of the left shoulder were normal. The 02/11/08 MRI of the cervical spine showed degenerative disc disease at C5-6 and C6-7 associated with herniated discs as described above. The 02/11/08 MRI of the left shoulder showed stage II impingement syndrome consistent with tendinitis and tendinopathy and probably partial rotator cuff tear. Small amount of joint effusion glenohumeral joint and small amount of fluid in axillary recess was noted. The 03/18/08 designated doctor's examination recommended cervical epidural steroid injection and left shoulder arthroscopy. The 04/01/08 electromyography was negative. The claimant was status post left shoulder arthroscopic capsulorrhaphy, subacromial decompression and acromioplasty, left distal clavicle resection, Mumford type on 07/15/08. The claimant progressed very slowly postoperatively with continued neck and left shoulder complaints. The 12/10/08 MRI of the cervical spine showed moderate sized disc herniation at C4-5, C5-6 and C6-7. The claimant was treated with pain management for the neck and shoulder with cervical epidural steroid injection, facet injections, subacromial injection, medications and off work. On 12/15/08, Dr. stated that claimant's complaints of pain were due to neck pain radiating to the left shoulder. Dr. had followed the claimant through 2009. The claimant had some but limited improvement with cervical collar and traction. No improvement with physical therapy was reported. Cervical and facet injections provided no lasting improvement. On 09/10/09, Dr. evaluated the claimant. Decreased sensation was noted at C5-7. Spasm was noted. There was weakness in the C5-6 and C7 distributions. Muscle strength was 4+ on the left at C7. Right was 4. C6 strength was 4+ on the left and right was 4. C6 strength was 4 on the left and 4 on the right. C5 was 4 on the left and 4+ on the right. Dr. stated that the MRI from December of 2008 showed spondylosis with disc herniations and canal stenosis from C4-7 giving her moderate central and moderately severe left greater than right foraminal stenosis. Diagnosis was cervical radiculitis, cervical spondylosis and neck pain that radiates to the left greater than right shoulder. Surgery from C4-7 was recommended. Dr. examined the claimant on 11/11/09. Examination revealed reflexes to the left brachioradialis was 3, right was 3 and triceps was 2 bilaterally. Finger abduction was 4+ on the left. C8 strength was 4+ on the left. Wrist extensors was 4+bilaterally and biceps were 4+ bilaterally. Deltoid strength was 4 on the left and right was 4+. Dr. stated that further treatment was dependent on the MRI.

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

The evidence based ODG discusses the indications for an MRI scan of the cervical spine as being related to chronic neck pain after conservative care of three months and/or signs of radiculopathy with progressive neurologic deficits and/or concerns regarding trauma in the absence of nondiagnostic imaging. Although there have been two MRI scans in the past, there is no recent MRI study in this patient's case. Reportedly surgery is being discussed and while the exams do not show conclusive evidence of progressive neurologic deficit, there are sufficient findings on previous MRI's and persistent weakness on examination that would require further evaluation such as an MRI scan in the absence of a study more than a year earlier. As such, in this particular case and consistent with the ODG, the MRI scan should be recommended as reasonable and medically necessary. The reviewer finds that medical necessity exists for Outpatient cervical MRI without contrast.

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, chapter neck and upper back

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 neurological deficit

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

ACOEM-AMERICA 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)