



Specialty Independent Review Organization

Amended Report of 7/2/10
Notice of Independent Review Decision

DATE OF REVIEW: 7/2/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a cervical MRI.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 15 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a cervical MRI.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Coventry and MD.

These records consist of the following (duplicate records are only listed from one source):

Dr.: office notes by Dr. 6/2/09 through 6/1/10, 5/28/10 shoulder MRI report, DWC 73 forms, notes by MD 5/5/10 to 5/18/10, DWC 69 3/10/10 report by MD, Phy xxxxx reports 11/06/09 through 2/26/10, notes by MD 4/7/09 through 5/11/09.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was involved in a motor vehicle accident. He subsequently underwent shoulder surgery. The claimant indicated that the shoulder surgery did not significantly affect his pain and that he's also had persistent neck pain. On examination, the claimant had limited range of motion and tenderness at the cervical spine. Triceps reflexes were diminished bilaterally although motor power and sensation were both intact. An MRI of the cervical spine from 5/4/09 revealed a minimal protrusion at C5-6. In a xxxxx dated consult, a Dr. felt that the detailed neurologic examination was "not remarkable." "I see nothing on his MRI that would explain his complaints referable to his cervical region." On 3/23/10, the Attending Physician indicated that there was no significant shoulder weakness and that the claimant had developed somewhat of a radicular syndrome. 150° of forward shoulder flexion was noted. A repeat shoulder MRI was felt indicated to assess the rotator cuff. On 1/23/10, the Attending Physician indicated that the claimant was having disproportionate pain greater than would have been expected after repair of a partial cuff tear, arthroscopically. The 9/16/09 dated arthroscopic decompression and repair of partial cuff tear was reviewed, including a significant grade 4 chondral defect of the humeral head. A 5/28/10 dated shoulder MRI revealed an intact rotator cuff. Therefore the Attending Physician felt that the symptoms were coming from the cervical spine. Denial letters were reviewed with rationale that an MRI could potentially detect disruption of the implants/repair. The cervical MRI was not felt to be reasonably required on the basis of a lack of objective neurological abnormalities. Another provider indicated that the claimant had severe neck pain with motion to the left being "impossible." He felt that diagnostic facet injections were warranted. The diagnosis on 3/10/10 was felt to be a cervical strain as per a Dr.

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

In light of the lack of significant radicular symptoms and no neurological exam abnormalities (and in light of the relatively unremarkable prior C-spine MRI), another cervical spine MRI is not medically necessary as per applicable ODGuidelines.

Reference:ODGuidelines Cervical Spine 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- 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)