

Notice of Independent Review Decision

DATE OF REVIEW:

06/28/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI of the cervical spine without contrast.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The requested MRI of the cervical spine without contrast is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 06/09/10 MCMC Referral
- 06/09/10 Notice to Utilization Review Agent of Assignment, DWC
- 06/08/10 Notice To MCMC, LLC Of Case Assignment, DWC
- 06/02/10 Request For A Review By An Independent Review Organization
- 05/25/10 letter M.D., with attached Review Summary
- 05/11/10 Notification of Determination letter, M.D., with attached Review Summary
- 05/11/10 review determination letter, , M.D.
- 05/06/10 Request For Precertification, M.D.
- 02/01/10, 10/05/09, 07/06/09 office notes, M.D., Orthopedic Hospital
- 11/04/05 to 04/06/09 Neurology visit notes, M.D.
- 10/17/05 letter M.D.
- 04/04/05 Peer Review, M.D., Spine Clinic
- 03/28/05 History and Physical, M.D., Orthopedic Hospital
- 07/25/03 report MD
- 08/08/00 to 12/28/09 Operative Notes, M.D., Doctor, L.L.P.
- 05/21/03 History and Physical, M.D., Orthopedic Hospital
- 02/03/03 MRI lumbar spine, Orthopedic Hospital

- 11/05/02 Medical Record Review, M.D., Review Med
- 10/30/02 Medical Record Review, M.D., Review Med
- 09/05/02 Evaluation, PT, Associates
- 08/27/02 Operative Report, M.D.
- 05/15/02 to 01/06/03 office notes, M.D.
- 04/02/02 MRI left knee, Orthopedic Hospital
- 03/21/02 Initial Neurological Evaluation, M.D., Center
- 03/01/02 Initial Office Visit, M.D.
- 02/18/02 letter M.D., Medical Solutions
- 12/04/00 to 12/04/01 office notes, M.D.
- 10/23/01, 02/13/03, 04/17/03, 11/14/06, 05/18/10 letters M.D.
- 08/09/01 report M.D.
- 11/06/00 lumbar myelogram, Orthopedic Hospital
- 11/06/00 CT lumbar spine, CT reconstruction, Orthopedic Hospital
- 06/06/00 MRI lumbar spine, Orthopedic Hospital
- 11/09/99 letter M.D., Orthopedic Group
- 07/28/99 to 09/14/99 office notes, M.D.
- 07/15/99 History and Physical, , M.D.
- 05/03/99, 10/19/99, 11/01/99 letters from M.D., Orthopedic Group
- 04/28/99 Operative Report, M.D., Surgical Affiliates
- 12/17/98 Tissue Consultation Report, Surgery Center
- 12/16/98 Operative Report, D.P.M., Surgery Center
- 08/24/98 to 02/11/99 office note
- 03/04/98, 05/18/99 Initial Evaluations
- 01/29/98 MRI left knee
- 12/16/97 to 08/18/98 office notes, DPM/MTE
- 10/10/97 Operative Report, M.D., Orthopedic Hospital
- 08/07/97 to 07/22/03 office notes, M.D.
- 07/22/97 letter from M.D.
- 04/02/97, 01/29/97 Operative Reports, M.D., Orthopedic Hospital
- 10/03/96 Electromyography report, Center
- 09/05/96 History and Physical, M.D., Spine Care
- 04/08/96 Operative Report, M.D., Orthopedic Hospital
- 06/13/95 Outpatient Evaluation, M.D.
- 03/31/95 CT pelvis, Orthopedic Hospital
- 03/31/95 MRI lumbar spine, Orthopedic Hospital
- 02/14/95 CT pelvis, Orthopedic Hospital
- 11/06/94 Discharge Summary, M.D., Healthcare Corporation
- 11/04/94 History and Physical, M.D.
- 11/04/94 Operative Report, M.D., Healthcare Corporation
- 11/04/94 Intra-Operative C-Arm films of the left SI joint Hospital
- 09/28/94 CT of the sacroiliac joints, Imaging and Diagnostic
- 06/14/94 CT right sacroiliac joint, Imaging and Diagnostic

- 04/17/94 Discharge Summary, M.D., Hospital
- 04/15/94 Consultation, M.D., Hospital
- 04/13/94 History and Physical, M.D.
- 04/13/94 Operative Report, M.D., Hospital
- 04/13/94 pathology report
- 04/12/94 Physical Therapy Discharge Summary, Rehabilitation Network
- 03/03/94 to 04/29/10 Office Visit notes, M.D.
- 03/14/94 letter from M.D.
- 03/03/94 Initial Visit report M.D.
- 01/20/94 right sacroiliac joint Marcaine challenge, Imaging and Diagnostic
- 11/10/93 right sacroiliac joint Marcaine challenge, Imaging and Diagnostic
- 06/21/93 to 02/14/94 Chart Notes, M.D.
- 06/19/93 MRI cervical spine, CT lumbar spine, Imaging and Diagnostics
- 05/13/93 Initial Medical Report, M.D.
- 03/22/93 Nerve Conduction Studies, M.D.
- 03/05/93 bone scan report, Hospital
- 03/05/93 bilateral hips radiographs, Hospital
- 03/02/93 letter M.D., Neurosurgery Associates
- 02/23/93 MRI lumbar spine, ODC
- Xx/xx/xx Employer's First Report of Injury or Illness, R.N.
- 01/13/93, 02/12/93 reports D.C., Chiropractic Centre
- 06/15/92 to 02/12/99 chart notes, M.D.
- 06/01/92 letter from H.A. M.D., Medicine Clinic
- 07/22/9? (unable to read complete year) Operative Report, M.D., Surgical Center
- Undated Confirmation Of Receipt Of A Request For A Review, DWC
- Undated Fax with note from Deborah Skaggs, UR, Workers' Comp Services
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female with date of injury xxx. She had knee and back issues and the majority of the notes involve those complaints. The injured individual had a C5-7 fusion in 1997. She had an epidural steroid injection (ESI) in 01/2000 for a right C6 radiculopathy with tremendous relief in that she did not complain of neck or arm pain until she fell in 12/2007 on her left shoulder and she complained again in 10/2009 when she complained of bilateral hand numbness right worse than left. Her last MRI was sometime in late 1999 or 01/2000 before the ESI and reportedly showed a bulge at C5/6. No report is given. In 04/2010 she had an electromyogram (EMG) (no report given) that showed "mild cervical radiculopathy" but no level(s) noted. The injured individual now has complaints of left thumb pain and weakness with absent left brachioradialis reflex and reduced sensation in the C6 dermatome. The 10/2009 note states she has right Carpal Tunnel Syndrome (CTS).

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

The injured individual has an acute onset of left arm/thumb pain and left C6 radicular findings. In 2000 she had right sided complaints which responded to an ESI and not until 2009 did she complain of bilateral hand numbness but the right was worse than the left and she had a diagnosis of right CTS. The MRI in 2000 showed a bulge at C5/6 but there is no indication if this was right sided, left sided, or midline. There is a chance this same bulge is now causing her left sided arm symptoms. That report would need to be reviewed. In addition, she has had no physical therapy (PT) or conservative care directed at this new complaint of left sided pain and findings. Her last x-ray was in 12/2007 and showed a solid fusion and degeneration above it. Finally, the recent EMG gave a nonspecific diagnosis and that report would need to be reviewed. A repeat MRI is not indicated at this time until the prior MRI and EMG are submitted and the injured individual attempts a course of conservative care. Additional noted submitted indicated there was an EMG from 10/1996 prior to surgery that was cervically normal but showed right CTS. There is a cervical MRI from 1993 also preoperative. None of these studies are relevant to the current request.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines: Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. (Anderson, 2000) (ACR, 2002) See also ACR Appropriateness Criteria™. MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery. MRI is the test of choice for patients who have had prior back surgery. (Bigos, 1999) (Bey, 1998) (Volle, 2001) (Singh, 2001) (Colorado, 2001) For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. (Daffner, 2000) (Bono, 2007)

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