

## Notice of Independent Review Decision

**DATE OF REVIEW:** JUNE 28, 2010

**IRO CASE #:**

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

Cervical MRI & Lumbar MRI.

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

This reviewer is licensed by Texas Board of Chiropractic Examiners with 14 years of experience.

**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)

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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

On May 8, 2007, an MRI of the lumbar spine was performed. Impression: Dextroscoliosis with some straightening of the lumbar spine at mid to upper lumbar levels. Multilevel mild bilateral facet arthrosis, mild thickening of ligamentum flavum, small broad disc bulges as interpreted by, M.D.

On May 9, 2007, an MRI of the cervical spine was performed. Impression: Straightening of the cervical spine. Multilevel minimal to mild interbody disc displacement, likely small disc protrusions without spinal stenosis throughout the lumbar levels as interpreted by, M.D.

On August 6, 2007, , M.D. performed an EMG of the upper extremities. Interpretation: Subacute left C6-C7 radiculopathy.

On November 20, 2009, , M.D. evaluated the claimant. Dr.'s report states, "The claimant recently had a cervical ESI performed on 10/26/09. The claimant states that his improvement was approximately 40% immediately after the procedure.

However, since that time his pain has returned to what it was prior to the procedure.” Medications: Ultram ER 100 mg, Celebrex 200 mg, and Zanaflex 4 mg. Diagnosis: Chronic pain secondary to cervical HNP with radiculopathy.

On November 24, 2009, , M.D, evaluated Mr.. Impression: Cervical radiculitis, cervicalgia, radiculopathy, and lumbago.

On November 24, 2009, X-Rays were taken of the lumbar spine, read by, M.D. Impression: 1. Negative for instability. 2. Cholelithiasis.

On January 15, 2010, Dr. performed a follow-up examination. Impression: Unchanged.

On January 18, 2010, D.C. evaluated the claimant. Impression: 1. Cervical radiculitis. 2. Lumbar facet syndrome. 3. Lumbar radiculitis. 4. Head contusion. 5. Laceration in the shin. 6. Fracture II. 7. Internal derangement of bilateral knees. 8. Right elbow contusion. 9. Median nerve entrapment. Treatment Plan: “I am recommending the claimant to undergo chronic pain management.

On March 15, 2010, D.C. performed a re-examination on the claimant. Impression: 1. Cervical radiculitis. 2. Lumbar facet syndrome. 3. Lumbar radiculitis. 4. Head contusion. 5. Laceration in the shin. 6. Fracture II. 7. Internal derangement of bilateral knees. 8. Right elbow contusion. 9. Median nerve entrapment. Treatment Plan: Continue with chronic pain management.

On April 9, 2010, M.D. performed a re-examination on the claimant. Recommendation: MRI of the cervical and lumbar spine.

On May 26, 2010, D.C. performed a re-examination on the claimant. Impression: 1. Cervical radiculitis. 2. Lumbar facet syndrome. 3. Lumbar radiculitis. 4. Head contusion. 5. Laceration in the shin. 6. Fracture II. 7. Internal derangement of bilateral knees. 8. Right elbow contusion. 9. Median nerve entrapment. Examination: Cervical compression was negative for increased pain in the neck. Cervical distraction was negative for any relief of pain. Shoulder depression was positive on the left side. SLR test was positive bilaterally but mostly on the right. Kemp test was positive bilaterally. Deep tendon reflex noted diminished reflex in the left Achilles tendon when compared to the right. Patrick and Yeoman test were positive for lumbosacral pain. Recommendations: Cervical and Lumbar spine MRI.

On June 2, 2010, a utilization review was performed on the claimant. Rational for Denial: The claimant has completed MRI studies and x-rays these prior reports have not been provided. He has completed ESI's prior and conservative care. The request was denied based on the ODG Guidelines.

On June 11, 2010, a utilization review was performed on the claimant. Rational for Denial: "The request is for a repeat cervical and lumbar MRI. EMG showed left L5 and bilateral S1 radiculopathy. MRI lumbar spine 5/8/07 Impression: 1. Dextroscoliosis with some straightening of the lumbar spine at mid to upper lumbar levels, multilevel mild bilateral facet arthrosis, mild thickening of ligamentum flavum, small broad disc bulges. 2. Additional findings at each disc level. MRI cervical spine 5/9/07 Impression: Straightening of cervical spine. Multilevel minimal to mild interbody disc displacement, likely small disc protrusions without spinal stenosis throughout the lumbar levels." The request was denied based on the ODG Guidelines.

**PATIENT CLINICAL HISTORY:**

On March 2, 2007, the claimant was on a stepladder when the ladder slipped and fell. The claimant landed on his face and hands injuring multiple areas.

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

Per the ODG Guidelines for indications for a repeat Cervical MRI is not supported by the notes provided. Original Cervical MRI was taken on Mr. Ramirez on May 9, 2007 showing impression: Straightening of the cervical spine. Multilevel minimal to mild interbody disc displacement, likely small disc protrusions without spinal stenosis interpreted by Raman Mocharla, M.D.

Per the ODG Guidelines for indications for a repeat Lumbar MRI is not supported by the documentation provided. Original MRI of the lumbar spine was taken on May 8, 2007 showing impression: Dextroscoliosis with some straightening of the lumbar spine at mid to upper lumbar levels. Multilevel mild bilateral facet arthrosis, mild thickening of ligamentous flavum, small broad disc bulges as interpreted by, M.D.

Previous decisions are upheld as the documentation does not meet the criteria for repeat MRI of the cervical and lumbar per the ODG Guidelines.

Magnetic resonance imaging (MRI)	<p><b><u>Indications for imaging -- MRI (magnetic resonance imaging):</u></b></p> <ul style="list-style-type: none"> <li>- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present</li> <li>- Neck pain with radiculopathy if severe or progressive neurologic deficit</li> <li>- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present</li> <li>- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present</li> <li>- Chronic neck pain, radiographs show bone or disc margin destruction</li> <li>- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"</li> <li>- Known cervical spine trauma: equivocal or positive plain films with neurological deficit</li> </ul>
MRIs (magnetic resonance)	<p><b><u>Indications for imaging -- Magnetic resonance imaging:</u></b></p> <ul style="list-style-type: none"> <li>- Thoracic spine trauma: with neurological deficit</li> </ul>

imaging)	<ul style="list-style-type: none"> <li>- Lumbar spine trauma: trauma, neurological deficit</li> <li>- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)</li> <li>- Uncomplicated low back pain, suspicion of cancer, infection, other “red flags”</li> <li>- 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.) (<a href="#">Andersson, 2000</a>)</li> <li>- Uncomplicated low back pain, prior lumbar surgery</li> <li>- Uncomplicated low back pain, cauda equina syndrome</li> <li>- Myelopathy (neurological deficit related to the spinal cord), traumatic</li> <li>- Myelopathy, painful</li> <li>- Myelopathy, sudden onset</li> <li>- Myelopathy, stepwise progressive</li> <li>- Myelopathy, slowly progressive</li> <li>- Myelopathy, infectious disease patient</li> <li>- Myelopathy, oncology patient</li> </ul>
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**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)