

I-Resolutions Inc.

An Independent Review Organization
8836 Colberg Dr.
Austin, TX 78749
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/05/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI shoulder right; Myelogram with CT lumbar; and Myelogram with CT cervical A4450
72131 76377 99234 72265 77003 Q9967

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

MD, Board Certified Neurosurgeon

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

2010 Official Disability Guidelines, 15th edition

Denial Letters, 4/22/10, 4/30/10

M.D. 2/22/10, 4/22/10

Injury and Rehab Clinic 1/28/10

Imaging 1/30/08

M.D. 3/14/08

PATIENT CLINICAL HISTORY SUMMARY

This is a female with a date of injury xx/xx/xx, when she lifted a heavy board, injuring her back and neck. She complains of neck pain, low back pain, right shoulder pain, right hand numbness, and right leg numbness. She has undergone physical therapy, chiropractic therapy, medications, and ESI to the lumbar spine. An MRI of the lumbar spine reveals at L5-S1 a 3-4mm left paracentral disc protrusion. This minimally indents the expected thecal sac contours. An MRI of the cervical spine 01/30/2008 reveals a 4-5mm right lateral recess disc protrusion at C5-C6. There is stenosis with involvement of the right foramen and moderate indentation of the right spinal cord, but no significant canal stenosis. An EMG of the upper and lower extremities 03/14/2008 reveals increased insertional activity in the cervical paraspinals with a clinical exam strongly suggesting a cervical myelopathy. This correlates well with the 5mm right cervical herniation at C5-C6. There is patchy increased insertional activity in the lower extremity referred from the proximal cervical pathology or

concurrent lumbar radiculopathy. There is mild right median nerve entrapment across the carpal tunnel. Her examination reveals a positive Tinels' in the right wrist and elbow. There is a positive straight-leg raising on the right. The provider is requesting an MRI of the right shoulder, and CT myelograms of the cervical and lumbar spine.

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

The MRI of the right shoulder is not medically necessary. No plain films of the right shoulder have been obtained, according to the submitted documentation. Other than shoulder tenderness there are no other examination findings reported regarding the right shoulder. According to the ODG, significant shoulder pathology can be often detected on examination.

The CT myelogram of the cervical and lumbar spine is not medically necessary. The cervical electrodiagnostic studies from 2008 show a possible myelopathy. There is little on MRI to suggest any cord compression and nothing on physical examination to suggest cord compression. The lumbar MRI shows a disc on the opposite side of symptoms. It is unclear that the prior MRIs are inconclusive, or that the claimant is a surgical candidate. For these reasons, then, the CT myelogram of the cervical and lumbar spine is not medically necessary. The reviewer finds that medical necessity does not exist at this time for MRI shoulder right; Myelogram with CT lumbar; and Myelogram with CT cervical A4450 72131 76377 99234 72265 77003 Q9967.

2010 Official Disability Guidelines, 15th edition; "Low Back" chapter

CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. ...Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving

"Shoulder" chapter:

The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. (Dinnes, 2003) Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. The question we need to ask is: Do we need all this information? If only full-thickness cuff tears require an operative procedure and all other abnormalities of the soft tissues require arthroscopy, then would shoulder arthrography suffice? (Newberg, 2000) Ultrasonography and magnetic resonance imaging have comparable high accuracy for identifying biceps pathologies and rotator cuff tears, and clinical tests have modest accuracy in both disorders. The choice of which imaging test to perform should be based on the patient's clinical information, cost, and imaging experience of the radiology department. (Ardic, 2006) MRI is the most useful technique for evaluation of shoulder pain due to subacromial impingement and rotator cuff disease and can be used to diagnose bursal inflammatory change, structural causes of impingement and secondary tendinopathy, and partial- and full-thickness rotator cuff tears. However, The overall prevalence of tears of the rotator cuff on MRI is 34% among symptom-free patients of all age groups, being 15% for full-thickness tears and 20% for partial-thickness tears. The results of this study support the use of MRI of the shoulder before injection both to confirm the diagnosis and to triage affected patients to those likely to benefit (those without a cuff tear) and those not likely to benefit (those with a cuff tear). (Hambly, 2007) The preferred imaging modality for patients with suspected rotator cuff disorders is MRI. However, ultrasonography may emerge as a cost-effective alternative to MRI. (Burbank, 2008) Primary care physicians are making a significant amount of inappropriate referrals for CT and MRI, according to new research published in the Journal of the American College of Radiology. There were high rates of inappropriate examinations for shoulder MRIs (37%), shoulder MRI in patients with no histories of trauma and documented osteoarthritis on plain-

film radiography.

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)