

Notice of Independent Review Decision

DATE OF REVIEW: JUNE 18, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical MRI without contrast

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

The physician is Board Certified by ABPM&R with 17 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 January 12, 2009, , M.D. evaluated the claimant. Assessment: C5-6 disk protrusions with continuing neck pain as a result of a work injury on July 16, 2008 with significant restriction in range of motion of the cervical spine and continued ongoing pain and dysfunction as a result.

On February 11, 2009, Dr. performed a cervical epidural injection in which the claimant reports greater than 50% improvement of his pain.

On April 13, 2009, , M.D. evaluated the claimant. Impression: 1. I feel that the claimant's tremor is related to his C6-C7 radiculopathies bilaterally and it is probably a neurogenic tremor because of the disk protrusion and subtle irritation of those nerve roots in the neck it is causing some action tremor and I think that it is related to hypersthesia and subtle weakness and the C6 and C7 distributions bilaterally. 2. Bilateral carpal tunnel syndrome, which was treated surgically and is better and no longer gives the claimant any problems.

On April 23, 2010, , M.D. a neurologist, performed a peer review on the claimant. Dr. opined that the work injury appears to be nothing more than the development of regional arm pain after lifting five-gallon pain buckets and the tremors are not secondary to the work incident.

There is no evidence that the work incident aggravated the carpal tunnel syndrome. No further treatment is warranted.

On April 29, 2009, , M.D. performed a cervical epidural steroid injection with fluoroscopic guidance. The claimant reported a 50% decrease in pain.

On May 28, 2009, , M.D. placed the claimant not at Maximum Medical Improvement and expected him to reach Maximum Medical Improvement on or about July 1, 2009 pending the last cervical epidural steroid injection. Dr. stated that the extent of the claimant's injury is a left shoulder strain and cervical radiculopathy and/or radiculitis.

On June 3, 2009, , M.D. performed a therapeutic right C7 selective nerve root injection with fluoroscopic guidance. The claimant reported a 50% decrease in pain.

On August 26, 2009, M.D. re-evaluated the claimant. The claimant stated his pain was a 1 out of 10 on the VAS Pain Scale. Dr. placed the claimant at MMI using the date of exam as the date of MMI.

On September 8, 2009, , M.D. placed the claimant in DRE Category II for the cervical spine a 5% whole person impairment, using August 26, 2009 as the date of MMI provided by, M.D.

On May 6, 2010, , M.D. re-evaluated the claimant. At the time of the exam the claimant reported a progressive increase in neck pain, bilateral upper extremity pain, and lower extremity symptoms that is concerning for a possible progression of cervical stenosis.

On May 17, 2010, , M.D., an internal medicine physician, performed a utilization review on the claimant. Rationale for Denial: Repeat MRI is not indicated in the absence of progressive neurologic deficits.

On June 1, 2010, M.D., a PM&R physician, performed a utilization review on the claimant. Rationale for Denial: ODG recommends MRI in chronic cases with neurologic signs/symptoms.

PATIENT CLINICAL HISTORY:

The claimant is male with complaints of neck pain with bilateral upper extremity pain, and lower extremity symptoms. The claimant was injured on xx/xx/xx, when he was lifting five-gallon pain cans when he experienced a pop in the top of his left shoulder.

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

The claimant does not show signs of progressive neurologic deficit; therefore based on the ODG Guidelines the previous decisions are upheld.

Per the ODG Guidelines:

Magnetic resonance imaging (MRI)

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)