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Notice of Independent Review Decision

DATE OF REVIEW: 03/02/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: MRI cervical w/o contrast

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

Texas Board Certified Internal Medicine

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Impairment rating 09/23/08 M.D.
2. Peer review 02/26/09 M.D.
3. Office visit notes 12/09/09 M.D.
4. MRI lumbar spine and cervical spine 12/21/09.
5. Adverse determination notice 12/30/09 preauthorization review, M.D.
6. Office visit notes 01/18/10, PA-C.
7. Adverse determination after reconsideration preauthorization request 02/03/10, DO.
8. Letter and response to request for IRO with additional medical records 02/19/10, Attorney at Law.
9. ***Official Disability Guidelines***

PATIENT CLINICAL HISTORY (SUMMARY):

The employee whose date of injury is xx/xx/xx. Records indicate the employee fell from top of van while taking ladder down landing primarily onto his left side. The employee sustained left acetabular fracture with ORIF performed 12/04/06.

The employee subsequently had total hip arthroplasty performed on 02/29/08. A right knee partial medial meniscectomy was performed 05/20/08. The employee also was noted to have sustained neck and back injuries.

The employee was seen on 12/09/09 by Dr. Physical examination at that time reported cervical spine tenderness from C4-C7 with mildly restricted range of motion in flexion, extension and axial rotation. There is equivocally positive Spurling's maneuver to left

and negative to right. Lumbar spine examination revealed marked tenderness at L4 and L5 with pain provocation in both flexion and extension causing pain referred to left hip. Straight leg raise was positive on left at 30 degrees and negative on right. A well healed left hip surgical incision was noted. The neurologic examination was non focal for sensory or motor deficits in upper or lower extremities. The employee was recommended to undergo MRI of lumbar spine and cervical spine. These studies were performed on 12/21/09.

A preauthorization review on 12/30/09 by Dr. for retro request cervical spine MRI determined the request was non-authorized. Dr. noted the employee had a prior cervical MRI in April, 2008, and there did not appear to have been any significant change in physical examination findings or worsening physical examination findings to support request. Dr. noted physical examination findings to cervical area were unchanging, and in fact were very equivocal. There was no evidence of reinjury, reagravation, or significant change that would warrant request for repeat MRI.

A reconsideration request was reviewed by Dr. on 02/03/10. Dr. was unable to authorize reconsideration based on clinical information available. Dr. noted the employee was a male with date of injury of xx/xx/xx. Dr. stated that a cervical MRI without contrast was not medically necessary, noting the employee had a cervical MRI performed in April, 2008, and there was no indication or mention of new or involving neurologic findings on examination to warrant new cervical MRI.

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

Based on the clinical information provided, the request for MRI of cervical spine is not indicated as medically necessary. The employee was noted to have sustained multiple injuries when he fell from top of van in xx/xx. The employee underwent ORIF of left acetabular fracture with subsequent total hip arthroplasty in February, 2008. The employee had neck and back injuries and underwent imaging studies in April, 2008 of cervical spine. Examination immediately prior to MRI in December, 2009 revealed no evidence of motor or sensory deficits, and there was no evidence of reinjury or reagravation with significant changes in physical examination findings. As such, medical necessity was not established for the request for the MRI of cervical spine.

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

2010 *Official Disability Guidelines*, 15th Edition, Work Loss Data Institute, online version, Neck and Upper Back Chapter.

Magnetic resonance imaging (MRI)

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