

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: May 10, 2010

IRO CASE #: 27019

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of the cervical spine.

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

DIPLOMATE, AMERICAN BOARD OF ORTHOPEDIC SURGERY
DIPLOMATE, AMERICAN BOARD OF DISABILITY ANALYSTS

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

Medical records from the Carrier include:

- Hospital, 12/05/08, 12/07/08, 12/29/08, 12/31/08, 01/05/09, 01/07/09, 01/16/09, 01/19/09, 01/30/09, 02/05/09, 03/16/09, 03/18/09, 03/19/09, 03/24/09, 12/10/09, 12/21/09, 12/23/09, 12/29/09, 01/04/10, 01/06/10, 01/08/10, 01/11/10, 01/15/10, 01/19/10, 01/22/10, 01/25/10
- M.D., P.A., 01/13/09, 01/22/09, 02/16/09, 03/27/09, 05/12/09, 06/05/09, 09/09/09, 12/01/09, 08/21/09
- Texas Workers' Compensation Work Status Report, 01/23/09, 05/26/09, 07/23/09, 08/10/09, 12/03/09, 03/04/10
- Health at Work, 01/23/09, 03/09/09, 07/14/09, 12/03/09
- Medical Center, 02/13/09, 08/21/09, 08/27/09
- DWC-69, Report of Medical Evaluation, 03/11/09, 06/29/09, 10/12/09, 03/04/10
- M.D., 03/11/09, 06/29/09, 10/12/09
- Texas Workers' Compensation Work Status Report, 03/11/09, 04/07/09, 04/28/09, 06/25/09, 10/06/09, 10/12/09
- Ph.D., 03/24/09, 04/21/09, 04/28/09, 05/05/09, 05/14/09
- M.D., 03/26/09
- Services, 04/27/09
- Ph.D., 07/16/09

- 07/21/09, 07/24/09, 12/15/09, 04/06/10, 04/07/10, 02/16/10
- First, 02/03/10, 02/17/10, 03/19/10
- M.D., 03/04/10
- M.D., P.A., 03/24/10
- Physical Therapy Clinic, 04/13/10
- TWCC Statement for Pharmacy Services, 11/11/09, 11/25/09, 12/13/09, 12/16/09, 12/23/09, 01/06/10, 01/13/10, 01/17/10, 01/20/10, 02/03/10, 02/14/10, 02/17/10, 02/21/10, 02/28/10

Medical records from the URA include:

- Official Disability Guidelines, 2008
- Hospital, 01/07/09
- M.D, P.A., 01/13/09, 03/04/09, 05/12/09, 12/01/09, 01/12/10, 03/09/10,
- 03/17/10, 04/13/10

Medical records from the Provider include:

- Hospital, 12/05/08, 01/07/09, 01/30/09, 03/20/09
- Clinic, 12/17/08
- M.D., P.A., 01/13/09, 02/02/09, 02/13/09, 02/16/09, 03/04/09, 03/27/09, 06/05/09, 08/27/09, 09/09/09, 12/0/09, 01/12/10, 03/09/10, 04/02/10
- Medical Center, 08/21/09

PATIENT CLINICAL HISTORY:

On xx/xx/xx this overweight male rolled over an eighteen-wheeler while trying to avoid hitting a deer. There is a history of loss of consciousness. The patient was taken to the local emergency room where x-rays and CT scans of various parts of the body were carried out, including the brain. With reference to the cervical spine, there were no acute changes seen in those studies. With reference to the lumbar spine, there was an L3 compression fracture of 20%.

The patient continued with neck pain, as well as tingling and numbness in both the upper and lower extremities, as noted on January 13, 2009, by M.D. The examination revealed sensation to be decreased on the left arm (he did not state a dermatomal pattern) and decreased sensation over the ulnar fingers. A cervical MRI dated January 7, 2009, revealed only multilevel and pre-existent degenerative disc disease, most pronounced at C5-6 with mild-to-moderate canal stenosis and abutment of the anterior aspect of the cord due to a right paracentral accentuation by a traction disc protrusion (more likely than not, this is due to a traction spur). The reflexes and motor examination were within normal limits. There were recommendations made for physical therapy and a cervical epidural steroid injection.

A progress note of March 9, 2010, indicated the patient had gone to the emergency room because of the sudden onset of bilateral arm diffuse tingling. There was no focal weakness or change in bowel and bladder function. The reflexes were symmetric. The cervical range of motion was limited. The motor deficit could not be determined. The sensory examination was not documented. X-rays revealed the usual spondylosis, especially at C5-6. suspected a larger C5-6 disc herniation, accounting for the symptoms of bilateral arm and lower extremity numbness and tingling, however, one must remember that the patient has had these symptoms in the past. A Medrol Dosepak prescribed in the emergency room that helped the patient a little. The recommendations were for a repeat MRI scan and referral to a neurologist. The diagnoses were brachial neuritis or radiculitis.

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

The request is for a repeat cervical MRI scan. However, there has not been any documentation of objective signs of radiculopathy or nerve root compression and certainly none documented in the most recent examination. Repeat MRI scans are recommended for patients with progressive neurologic deficits (ODG, 9th Chapter, 2009). The most recent physical examination does not document any objective signs of radiculopathy or nerve root compression or objective signs of a progressive neurologic deficit. The ODG states "MRIs should be reserved for patients who have clear cut neurologic findings and those suspected of ligamentous instability." Therefore, the request for a repeat cervical MRI is not certified.

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)