



IMED, INC.

11625 Custer Road • Suite 110-343 • Frisco, Texas 75035
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 10/25/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: CT Myelogram Cervical Spine 08/18/2010

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

Texas Board Certified Occupational 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. 02/26/09 - Clinical Note - MD
2. 09/14/09 - Clinical Note - MD
3. 10/14/09 - Clinical Note - MD
4. 10/28/09 - Clinical Note - MD
5. 11/19/09 - Clinical Note - MD
6. 11/23/09 - Clinical Note - MD
7. 12/01/09 - Physical Therapy Note
8. 12/10/09 - Physical Therapy Discharge Note
9. 01/13/10 - MRI Cervical Spine
10. 01/13/10 - Clinical Note - MD
11. 01/20/10 - Designated Doctor Evaluation
12. 01/20/10 - Report of Medical Evaluation
13. 01/26/10 - Laboratory Results
14. 02/22/10 - Clinical Note - MD
15. 03/30/10 - Clinical Note - MD
16. 04/21/10 - Clinical Note - MD
17. 06/18/10 - Clinical Note - MD
18. 06/21/10 - Required Medical Evaluation

19. 07/22/10 - Clinical Note - MD
20. 08/09/10 - Utilization Review
21. 08/18/10 - Letter - FNP
22. 08/24/10 - Clinical Note - MD
23. 08/26/10 - Utilization Review
24. 09/21/10 - MD
25. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who was involved in a motor vehicle accident on xx/xx/xx.

The employee saw Dr. on 02/26/09. The employee stated he was evaluated in the emergency room following the accident, but those records were not submitted for review. The employee's medical history is significant for uncomplicated Type 2 diabetes mellitus. Physical examination revealed normal sensation and deep tendon reflexes. There was tenderness to palpation of the left shoulder, trapezius, and wrist. There was tenderness of the left lateral neck with range of motion. The employee was assessed with shoulder sprain, neck pain, and pain in joint. The employee was prescribed Mobic 15 mg.

The employee saw Dr. on 09/14/09 with complaints of neck pain. The note stated the employee underwent an unspecified surgery at C5 five months earlier. Physical examination was unchanged. The employee was recommended to use over the counter Advil.

The employee saw Dr. on 10/14/09 with complaints of a burning sensation that radiated down the left arm. Physical examination revealed tenderness of the cervical and thoracic spine. There was paraspinal muscle tenderness in the upper back and cervical region. The employee was recommended for physical therapy.

The employee saw Dr. on 11/23/09 with complaints of constant neck and shoulder pain. Physical examination was unremarkable. The employee was recommended for MRI of the cervical spine and physical therapy.

The employee attended six physical therapy sessions from 12/01/09 through 12/10/09. The employee was discharged without having met his goal of decreased pain.

An MRI of the cervical spine performed 01/13/10 demonstrated postoperative findings of previous anterior discectomy with bone graft placement and anterior screw plate fixation at C5-C6 and C6-C7. At C5-C6, there was persistent low signal seen extending from the midline at disc level laterally to the left, consistent with persistent osteophyte formation or recurrent disc bulge. This produced mild spinal canal stenosis with moderate left neuroforaminal stenosis. There was mild degenerative disc disease seen

in the remainder of the cervical spine without evidence of additional disc protrusion or spinal canal stenosis.

The employee saw Dr. on 01/13/10 with complaints of neck pain. Physical examination revealed tenderness to palpation of the left paracervical muscles. The employee was referred for neurosurgical evaluation.

A Designated Doctor Evaluation was performed on 01/20/10. The employee complained of pain in the left shoulder and neck. The employee rated the pain at 2 out of 10. The employee reported paresthesia in the left forearm and fingers. The employee had difficulty opening bottles and handling keys and change. Physical examination revealed no tenderness to palpation of the cervical, thoracic, or lumbar spine. Foraminal compression test was positive on the left. Deep tendon reflexes were normal and symmetric. Sensation is intact. The employee is able to heel and toe walk without difficulty. The employee was placed at Maximum Medical Improvement (MMI), effective 11/15/09. The employee was assigned a 5% whole person impairment.

The employee saw Dr. on 02/22/10 with complaints of occasional tingling in the bilateral forearms and occasional burning in the left shoulder and neck. The employee rated the pain at 4 out of 10. Physical examination revealed full strength in all muscles groups. The employee ambulates normally. The employee is able to heel and toe walk without difficulty. Straight leg raise was negative. Spurling's test was mildly positive to the left. The employee was recommended for CT of the cervical spine. If a CT was negative, the employee would be prescribed Lyrica as the employee was diabetic.

The employee saw Dr. on 04/21/10 with complaints of neck pain. Physical examination revealed decreased cervical range of motion and slightly decreased strength of the left hand. The employee was prescribed Meloxicam 15 mg.

A Required Medical Examination (RME) was performed on 06/21/10. The employee reported pain, burning, and throbbing in the neck and into the shoulder blades. The employee also reported tingling and burning down the left arm into the hand and fingers. The employee rated the pain at 8 out of 10. Physical examination revealed the reflexes were symmetrically hypoactive in the upper and lower extremities. There was a C6 type sensory loss in the left arm. No motor dysfunction in the arms was noted. Cervical flexion was to 41 degrees and extension was to 38 degrees. The request for CT myelogram cervical spine was denied by utilization review on 08/09/10. A CT myelogram was recommended for surgical planning, but the clinical documentation failed to demonstrate that the employee was a current surgical candidate.

The request for CT myelogram cervical spine was denied by utilization review on 08/26/10. It is unclear if the findings had worsened since the prior MRI to justify repeat

testing. Per the clinical documentation, it does not appear the employee is a surgical candidate.

The employee saw Dr. on 09/21/10. Physical examination revealed tenderness of the cervical spine. The employee was assessed with cervical radiculitis, neck sprain/strain, and shoulder sprain. The employee was advised to continue over-the-counter Aleve or ibuprofen. The employee was referred for neurosurgical evaluation.

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

The clinical documentation provided for review does not support the request or meet guideline recommendations for CT Myelogram studies. There is no indication at this point in time that the employee's examination findings have significantly worsened since the last MRI study to warrant additional imaging studies. The employee's hardware appeared intact at the last MRI study and there are no findings on examination to suggest problems with the employee's hardware that would reasonably require further imaging. As such, the determinations remain unchanged.

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

Official Disability Guidelines, Online Version, Neck and Upper Back Chapter