



Notice of Independent Review Decision-WC
CLAIMS EVAL REVIEWER REPORT - WC

CLAIMS EVAL

*Utilization Review and
Peer Review Services*

DATE OF REVIEW: 9-7-10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI of the thoracic spine and MRI of the lumbar spine

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

Chiropractor

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

- 6-1-10 DC., office visit.
- 6-8-10 Physical therapy request by, DC.
- 7-13-10 Unknown provider - office visit.
- 7-13-10 X-rays of the thoracic spine and lumbar spine.
- 7-19-10 Video nystagmography.
- 7-29-10 Letter of Medical Necessity.
- 7-29-10 Manual Muscle testing.
- 8-3-10 Utilization Review performed by, DC.
- 8-16-10 Utilization Review performed by, DC.
- 8-16-10 Unknown provider - office visit.

PATIENT CLINICAL HISTORY [SUMMARY]:

6-1-10 DC., the claimant has constant 9/10 pain with stabbing pain as well. The claimant reported that he was moving a generator and he felt a burning pain in the lower and mid back. He reported his pain to the supervisor. On exam, the claimant ambulates with a normal gait and taxis. He has swelling of the submandibular lymph nodes bilaterally. DTR's of the UE's/ LE's were +2/5. Motor evaluation demonstrated no gross motor loss in the cervical spine or lumbar spine extremities due to neurological deficit. (+) 5 strength was noted of the bilateral upper and lower extremities. AROM of the

cervical and lumbar spine was restricted with pain in all directions. Thoracic range of motion was limited in all ranges and with pain. Static palpation revealed tenderness, muscle spasms and swelling on the bilateral paraspinals from the sixth cervical to the first sacral bone. Valsalva's maneuver was negative for pain, Minor's sign was positive. Pain was elicited in the bilateral lumbar and thoracic spine during Kemp's test. Bechterew's test was positive on the right leg, Yeoman's test was positive bilaterally. Diagnosis: Thoracic, lumbar neuritis, cervicalgia, myalgia. Plan: range of motion testing for the lumbar and cervical spine, physical therapy, x-rays of lumbar, thoracic and cervical spine, medical consultation for pain relief assessment. The claimant was taken off work for 30 days.

6-8-10 Request by, DC., for physical therapy x 9 sessions.

7-13-10 Unknown provider - the claimant complains of constant lumbar pain with tingling and burning sensation. On exam, the claimant has decreased range of motion in all planes, positive Kemps exam. The evaluator recommended finish physical therapy, consultation for pain control. The claimant is pending radiographs.

7-13-10 X-rays of the thoracic spine showed no apparently compression fracture. If occult compression fractures or disc abnormalities are suspected, MRI is recommended.

7-13-10 X-rays of the lumbar spine showed mild disc space narrowing at L5-S1. If occult compression fractures or disc abnormalities are suspected, MRI is recommended.

7-19-10 Video nystagmography noted there is no evidence of significant peripheral vestibular dysfunction. There is no evidence of significant central vestibular dysfunction.

7-29-10 Letter of Medical Necessity for Computerized Range of motion testing.

7-29-10 Manual Muscle testing.

8-3-10 Utilization Review performed by, DC., notes the request for the MR imaging over the lumbar spine is not medically necessary based upon the reviewed medical record. There is no clear clinical record that establishes any efficacy from the course of PT applications rendered and thus it is unclear that MR imaging would be warranted. The MR imaging over the thoracic spine is not medically necessary, as the symptomatology reviewed does not illustrate any further diagnostic need. There is no clear clinical record that exists to warrant the MR imaging over the thoracic or lumbar spine. Conclusion/Decision to Not Certify: The request for the MR imaging over the lumbar spine and thoracic spine is not medically necessary based upon the reviewed medical record. The provider does not establish the clinical rationale to warrant the need for enhanced diagnostic MR imaging over the thoracic and lumbar spine. The patient has an unremarkable radiographic imaging study from 7-13-10 and a need for further MR imaging is not demonstrated in the record presented for review.

8-16-10 Utilization Review performed by, DC., notes there are no neurological deficits or radicular complaints noted. There is no evidence of suspicion of cancer, infection, or other "red flags". There is no evidence of radiculopathy or progressive neurological deficit. There is no evidence of myelopathy. Medical necessity of the thoracic and lumbar spine MRIs is not supported with the application of ODG Guidelines. The request for the MRI of the lumbar spine is not medically necessary or supported with the

application of ODG Guidelines. The request for the MRI of the thoracic spine is not medically necessary or supported with the application of ODG Guidelines.

8-16-10 Unknown provider - the claimant complains of lumbar and thoracic pain rated as 9/10, which is constant, burning and sharp. On exam, the claimant has restricted range of motion of the thoracic and lumbar spine in all planes. He has positive Kemps test. Reflexes are +2. The evaluator recommended MRI of the lumbar and thoracic spine, consult for medical management, and physical therapy for the thoracic and lumbar spine.

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

Based on review of all submitted documentation and evidence based guidelines, the medical necessity of thoracic and lumbar MRI is not reasonable or medically necessary. The request fails to meet inclusion criteria per ODG. Specifically, there is no clinical evidence of suspicion of cancer, infection, or emergence of other "red flags". There is no evidence of radiculopathy or progressive neurological deficit. The patient has an unremarkable radiographic imaging study from 7-13-10. There is no clinical evidence of chance fracture. There is no clinical evidence of myelopathy. Therefore, the medical necessity of thoracic and lumbar MRI is not reasonable or medically necessary.

ODG-TWC, last update 8-30-10 Occupational Disorders of the Low Back – MRI:

Recommended for indications below. MRI's are test of choice for patients with prior back surgery. Repeat MRI's are indicated only if there has been progression of neurologic deficit. (Bigos, 1999) (Mullin, 2000) (ACR, 2000) (AAN, 1994) (Aetna, 2004) (Airaksinen, 2006) (Chou, 2007) Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy. An important limitation of magnetic resonance imaging in the diagnosis of myelopathy is its high sensitivity. The ease with which the study depicts expansion and compression of the spinal cord in the myelopathic patient may lead to false positive examinations and inappropriately aggressive therapy if findings are interpreted incorrectly. (Seidenwurm, 2000) There is controversy over whether they result in higher costs compared to X-rays including all the treatment that continues after the more sensitive MRI reveals the usual insignificant disc bulges and herniations. (Jarvik-JAMA, 2003) In addition, the sensitivities of the only significant MRI parameters, disc height narrowing and anular tears, are poor, and these findings alone are of limited clinical importance. (Videman, 2003) Imaging studies are used most practically as confirmation studies once a working diagnosis is determined. MRI, although excellent at defining tumor, infection, and nerve compression, can be too sensitive with regard to degenerative disease findings and commonly displays pathology that is not responsible for the patient's symptoms. With low back pain, clinical judgment begins and ends with an understanding of a patient's life and circumstances as much as with their specific spinal pathology. (Carragee, 2004) Diagnostic imaging of the spine is associated with a high rate of abnormal findings in asymptomatic individuals. Herniated disk is found on magnetic resonance imaging in 9% to 76% of asymptomatic patients; bulging disks, in 20% to 81%; and degenerative disks, in 46% to 93%. (Kinkade, 2007) Baseline MRI findings do not predict future low back pain. (Borenstein, 2001) MRI findings may be preexisting. Many MRI findings (loss of disc

signal, facet arthrosis, and end plate signal changes) may represent progressive age changes not associated with acute events. ([Carragee, 2006](#)) MRI abnormalities do not predict poor outcomes after conservative care for chronic low back pain patients. ([Kleinstück, 2006](#)) The new ACP/APS guideline as compared to the old AHCPR guideline is more forceful about the need to avoid specialized diagnostic imaging such as magnetic resonance imaging (MRI) without a clear rationale for doing so. ([Shekelle, 2008](#)) A new meta-analysis of randomized trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients. ([Chou-Lancet, 2009](#)) Despite guidelines recommending parsimonious imaging, use of lumbar MRI increased by 307% during a recent 12-year interval. When judged against guidelines, one-third to two-thirds of spinal computed tomography imaging and MRI may be inappropriate. ([Deyo, 2009](#)) As an alternative to MRI, a pain assessment tool named Standardized Evaluation of Pain (StEP), with six interview questions and ten physical tests, identified patients with radicular pain with high sensitivity (92%) and specificity (97%). The diagnostic accuracy of StEP exceeded that of a dedicated screening tool for neuropathic pain and spinal magnetic resonance imaging. ([Scholz, 2009](#)) Clinical quality-based incentives are associated with less advanced imaging, whereas satisfaction measures are associated with more rapid and advanced imaging, leading Richard Deyo, in the Archives of Internal Medicine to call the fascination with lumbar spine imaging an idolatry. ([Pham, 2009](#)) 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 spinal CTs (53%), and for spinal MRIs (35%), including lumbar spine MRI for acute back pain without conservative therapy. ([Lehnert, 2010](#)) Degenerative changes in the thoracic spine on MRI were observed in approximately half of the subjects with no symptoms in this study. ([Matsumoto, 2010](#)) There is support for MRI, depending on symptoms and signs, to rule out serious pathology such as tumor, infection, fracture, and cauda equina syndrome. Patients with severe or progressive neurologic deficits from lumbar disc herniation, or subjects with lumbar radiculopathy who do not respond to initial appropriate conservative care, are also candidates for lumbar MRI to evaluate potential for spinal interventions including injections or surgery. See also [ACR Appropriateness Criteria™](#). See also [Standing MRI](#).

Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection, other “red flags”
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) ([Andersson, 2000](#))
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome

- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient

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)