



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 3/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of an MRI cervical spine (72141).

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

The reviewer is a Medical Doctor who is board certified in Orthopedic surgery. The reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of an MRI cervical spine (72141).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Physician and Law Office

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Physician: Office Note – 2/14/XX.

Records reviewed from Provider: MD MR Rt shoulder & Elbow Rt – 11/18/XX; Pre-auth request – 2/15/XX, Reconsideration request – 2/28/XX, Office Notes – 11/30/XX-12/22/XX, Patient Face Sheet – 12/28/XX; Pre-auth requests – 12/29/XX & 1/13/XX, Occupational Therapy Charge Sheets – 1/3/XX-1/13/XX; Initial Plan of Care – 1/3/XX; Script – 12/13/XX; Pre-auth request – 11/10/XX, Script – 11/10/XX; and PA Office Note – 11/9/XX.

Records reviewed from the Law Office: Letter – 3/21/XX; Denial Letters – 2/18/XX & 3/9/XX; Notice of Disputed Issue and Refusal to Pay Benefits – 1/11/XX; various DWC-73; Billing – 1/3/XX-2/8/XX; Blood Count Report – 2/14/XX, Office Note – 2/14/XX; and ODG chapters on Pain and Shoulder.

A copy of the ODG was provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Records from the Attending Physician, Dr., were reviewed. The 2/14/XX dated note discussed that the claimant was having neck pain with radiation to the right arm (and to the head). Pain symptoms were reproduced with neck extension and rotation. The claimant was also having right shoulder pain, tenderness and a rotator cuff tear. The Attending Physician noted that most of the pain generator was from the cervical spine with neck pain and medial scapular border radiation. This had been also noted on 12/16/XX, when the Attending Physician discussed that a cervical MRI was appropriate to assess for cervical radiculopathy. It had been previously noted that the injury mechanism involved reaching up and grabbing a ladder rung in an attempt to break his fall, as noted on 11/30/XX. Therapy records were also reviewed. Denial letters discussed the lack of positive neurologic signs, cervical x-rays and failure of cervical therapy.

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

The claimant's mechanism of injury was an acute traction to the right upper extremity. Despite treatment to the shoulder, the pain has continued in the shoulder girdle, with radiation from the neck. The Attending Physician has noted multiple times that the neck pain has a character and radiating location that it subjectively can be considered cervical radiculopathy, especially since it also is reproduced by the claimant's neck motion. Cervical radiculopathy is well known to on occasion be masked by shoulder pathology and/or to be fully elucidated on a relatively belated basis post traction-type injury such as has occurred in this case. A cervical disc/nerve root impingement would not be expected to be positive on a cervical x-ray, nor would it be expected to resolve with any additional therapy, even cervical specific. The claimant has clearly documented chronic neck pain that has persisted despite medications and reduced activities overall for months. The neurologic-type symptoms of cervical radiculopathy that are increased/reproduced with cervical motion warrant the proposed diagnostic MRI, both from a diagnostic and treatment decision-tree pathway standpoint. The preceding is based on the overall intent of the guidelines that support such an MRI when the aggregate of findings support a reasonable possibility/probability of cervicogenic radiculopathic pain generation, as noted below. Therefore, the requested service is medically necessary.

Reference: ODG Neck Chapter

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
- Upper back/thoracic spine trauma 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)