

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 03/30/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Appeal MRI of Cervical Spine without Contrast

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

Texas Board Certified Anesthesiologist
Pain Medicine Fellowship

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. 06/12/09 - MRI Lumbar Spine
2. 12/06/10 - Clinical Note - M.D.
3. 12/13/10 - Physical Therapy Note
4. 12/16/10 - Physical Therapy Note
5. 12/17/10 - Physical Therapy Note
6. 12/20/10 - Physical Therapy Note
7. 12/22/10 - Physical Therapy Note
8. 12/27/10 - Physical Therapy Note
9. 01/03/11 - Physical Therapy Note
10. 02/16/11 - Clinical Note - M.D.
11. 02/25/11 - Utilization Review
12. 03/01/11 - Letter - M.D.
13. 03/08/11 - Utilization Review
14. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a XX year old male who sustained an unknown injury on XX/XX/XX.

An MRI of the lumbar spine performed 06/12/09 demonstrated mild hypertrophic osteoarthritic change of the lumbar spine. There was degenerative disc disease with mild disc bulges at all levels from L1-L2 through L5-S1 with high intensity zone posterior annulus at L4-L5. There were Schmorl's nodes at multiple levels. There were hypertrophic changes of the facet joints with evidence of synovitis. There was mild canal stenosis. There were postoperative laminectomy changes at L4-L5 and L5-S1 on the right with minimal enhancing scar tissue.

The employee saw Dr. on 12/06/10 with complaints of increased cervical pain. This clinical note was difficult to interpret due to poor handwriting and copy quality. Physical examination revealed positive Spurling's sign. There was mild tenderness at C5-C7. There were trigger points noted. Straight leg raise was negative bilaterally. There was no facet joint tenderness. The employee was recommended for physical therapy. The employee was to follow-up in three months.

The employee completed seven physical therapy sessions from 12/13/10 through 01/03/11 with good response noted.

The employee saw Dr. on 02/16/11. The note stated physical therapy had been discontinued. The employee stated two to three days ago, he turned his head to the left and felt a sudden onset of sharp pain radiating into the left shoulder and left palm. The employee reported pins and needles along with a dull aching pain from the lateral shoulder to the thumb. The employee denied weakness in the left upper extremity. Physical examination revealed positive Spurling's sign on the left. There was left C5-C7 paraspinous facet tenderness. There were trigger points palpable in the myofascial banding of the left trapezius muscle and dorsal scapular muscle. There was minimal L5 tenderness. Straight leg raise was negative bilaterally. There was no lumbar spinous process tenderness. There was full motor strength throughout. There was decreased sensation to pinprick in the left C5-C6 dermatome. The employee was assessed with history of C3-C4 and C5-C6 degenerative cervical disc, new onset left cervical radiculitis, cervical facet arthropathy, and lumbar facet arthropathy. The employee was recommended for repeat MRI of the cervical spine and electrodiagnostic studies. The employee was prescribed Nucynta, Lyrica, and Zanaflex.

The request for MRI of the cervical spine was denied by utilization review on 02/25/11 due to no indication that plain radiographs had been performed. There was no indication of new or sudden onset neurological changes.

The request for MRI of the cervical spine was denied by utilization review on 03/08/11 due to lack of significant changes on physical examination.

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

The requested MRI of the cervical spine would not be considered medically necessary. The employee has continuing complaints of pain in the cervical spine following an exacerbation in XX of XXXX. The employee's physical examinations of the cervical spine and upper extremities are relatively unchanged, and there is no evidence of any recent trauma or severe/progressive neurological deficits that would reasonably require repeat MRI studies of the cervical spine. The prior MRI studies of the cervical spine were not provided for review and no recent radiographs of the cervical spine were provided ruling out any bony pathology prior to the advanced imaging studies.

As the clinical documentation provided for review does not meet guideline recommendations for the requested service, medical necessity is not established.

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

Official Disability Guidelines, Online Version, Neck & Upper Back 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