



**CLAIMS EVAL**

*Utilization Review and  
Peer Review Services*

Notice of Independent Review Decision-WC

**DATE OF REVIEW: 8-9-11**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

MRI of the cervical spine without contrast between 7/14/11 and 9/12/11

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

American Board of Orthopaedic Surgery-Board Certified

**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**

- 9-21-10 MD., performed a Peer Review.
- 2-2-11 MD., performed a Peer Review.
- 4-11-11 MD., performed an Independent medical evaluation.
- 6-13-11 DO., office visit.
- 7-1-11 UR performed by MD.
- 7-21-11 UR performed by MD.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

9-21-10 MD., performed a Peer Review. It was his opinion the compensable injury in this case is a soft tissue strain of the para-vertebral musculature of the cervical and thoracic region of the spine. The ODG would support therapy for up to four weeks. The claimant has been in therapy for greater than four weeks. Regarding medications, Milnacipran (Savella) is an NSRI, which is not an approved ODG medication. It is prescribed for fibromyalgia, which this claimant has not been diagnosed with. Pregabalin (Lyrica) is a medication prescribed for neuropathic pain as well as fibromyalgia and diabetic neuropathy. Again, the claimant has not been diagnosed with these issues. Tizanidine (Zanaflex) is a muscle relaxant. The ODG recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute low back pain (LBP) and for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The Official Disability Guidelines would support the claimant could be directed to take over the counter medications on an as needed basis if there is no contraindication to this and if the claimant understands the possible side effects of these medications. The Official Disability Guidelines would support the claimant could be directed to take over the counter medications on an as needed basis if there is no contraindication to this and if the claimant understands the possible side effects of these medications. The injured employee should also be directed to a home-based, self-directed exercise program emphasizing overall conditioning and fitness. That is all that is indicated to address the sequelae of the compensable event. the claimant has exceeded the recommended duration of time for therapy, and when noting the relative lack of success with this type

of intervention, this therapy should not be continued. Nor does the ODG authorize the claimant's current medication regimen. Additionally, the ODG does not support the use of trigger point injections as previously suggested in the medical record. According to the ODG, "The evidence for TPIs when used as a sole treatment for patients with whiplash syndrome or chronic head, neck, shoulder or back pain (regardless of injectate) is inconclusive and the treatment does not appear to be more effective than treatments such as laser or ultrasound. These injections are not recommended for typical chronic low back or neck pain, nor are they recommended for radicular pain.

2-2-11 MD., performed a Peer Review. It was his opinion that at this point he felt the claimant's ongoing complaints are related to her pre-existing condition of degenerative disc disease in the cervical spine, scoliosis and degenerative changes in the thoracic spine and arthritis in the elbow and wrist and are not at all related to her compensable injury. Based on the mechanism of injury which is not very specific and the medical records and diagnostic findings reported above; the compensable injury would appear to be a very mild soft tissue strain of the musculature of the cervical spine and perhaps a sprain/strain of the shoulder wrist and elbow. All of the compensable injuries would be resolved at this point and would not require any additional treatment. Continuing or ongoing treatment is related to pre-existing ordinary disease of life and not the compensable injury. Current medications and any procedures or diagnostic studies at this point should be handled under the claimant's primary and private insurance. There are no findings documenting any atrophy or decreased sensation or strength in the upper extremities. EMG/NCV studies may be helpful in determining if there is any cervical radiculopathy or other compressive disorder but again this would be secondary to ordinary disease of life and not the compensable injury. Healing of soft tissue of the cervical spine is expected within a few weeks. Most individuals can return to work immediately or within 6 weeks. In general, individuals with shoulder and upper extremity sprain injuries demonstrate a good functional outcome with conservative treatment in the majority of cases based on parameters established by MD Guidelines. The claimant may very well have ongoing complaints of pain and require medications, diagnostic studies, injections and possibly even surgery down the road if the pre-existing degenerative disease progresses. The compensable injury of soft tissue strain of the musculature of the cervical spine and strain/ sprain of the shoulder, elbow and wrist would be resolved at this time not requiring any future treatment in regards to the compensable injury only. The claimant should be working on a home exercise program for posture and strengthening.

4-11-11 MD., performed an Independent medical evaluation. It was his opinion that this patient's injury was injured on xx/xx/xx, almost a year ago. It would appear that the current complaints are no longer related to the compensable injury in that she has minimal clinical findings, except for some tenderness in the right arm and right shoulder with slight limited range of motion. The treatment has been somewhat inconsistent and erratic. It does not appear that this patient's treatment has been reasonable and there certainly are gaps in her treatment as well. She now is on Zanaflex and Lyrica and I would say the treatment has not been reasonable in view of the fact that there is no consistency in the treatment. On his evaluation, the history of the injury, and the short

duration of her employment, it would appear that the medications have not been reasonable and necessary and necessary. It was his opinion that this patient will not necessarily need any long-term medication. Her cervical spine x-rays did show degenerative changes and spurring at C4-5, C5-6 and C6-7. I do not see a need to repeat these studies. Basically, it appears that this patient had a soft tissue injury. She does not need any diagnostic evaluation. She does not need any surgery. The patient's prescriptions should be very limited to mild analgesia and an anti-inflammatory. Obviously, this patient had some difficulty inserting parts into a board and possibly sprained her right shoulder. At this point, almost a year out, he did not see how the current treatment is causally related to the compensable injury. this patient does have significant degenerative disc disease in the cervical spine as well as the thoracic spine. It would appear that these have some definitive effect on her current treatment program.

6-13-11 DO., the claimant a female who presents for evaluation of right shoulder pain. She states it has been ongoing since an injury on xx/xx/xx, when she was working as an. She states she was pushing on a bracket when she felt in her right shoulder. In addition, she reports pain in her cervical spine region. She does report radiation of pain down below the elbow. She states her pain is 9 on a scale of 10. She has apparently undergone trigger point injections in the past without relief. She has had no previous subacromial injections. She has undergone an MRI of her shoulder which is available for review. She is seen today for evaluation. She presents with right shoulder pain. The pain is aggravated by movement. On exam, the claimant has tenderness to palpation at the bicipital groove. No tenderness at the AC joint. Axillary nerve sensation is intact. She has decreased range of motion. There is positive impingement test and positive Speed test. She has 5/5 strength. Sensation is intact. There is mild scapulothoracic dysrhythmia. At the cervical spine there is tenderness to palpation and decreased range of motion. Assessment: Rotator cuff tear, cervical radiculopathy, impingement syndrome of the shoulder. The evaluator recommended a subacromial injection and also an MRI of the cervical spine.

7-1-11 UR performed by, MD., notes as per medical report dated 6/13/11, the patient complains of right shoulder pain as well as pain radiating below the elbow. The examination revealed paravertebral tenderness, decreased cervical motion with extension, and negative Spurling's test. This is a request for MRI of the cervical spine without contrast. However, there is no documentation of a comprehensive physical examination of the cervical spine and upper extremities in the latest report dated 6/13/11. The objective findings do not indicate significant pathology or any neurologic deficits to warrant an imaging study. The cervical x-ray report is not included in the records for review. There is also no objective documentation provided with regard to the failure of the patient to respond to conservative measures such as oral pharmacotherapy and physical therapy. Hence, the request is not substantiated at this time. Determination: Non-certified

7-21-11 UR performed by MD., notes this is an appeal for one MRI of the cervical spine without contrast. In acknowledgment of a prior determination where there was a non certification based on missing criteria that included a comprehensive physical

examination of the cervical spine and upper extremities in the latest report dated 6/13/11, objective findings indicating significant pathology or any neurologic deficits to warrant an imaging study, the cervical x-ray report, and objective documentation with regard to the failure of conservative measures such as oral pharmacotherapy and physical therapy. There is now documentation that the patient complains of right shoulder pain, which she rated as 9/10 on a 0-10 pain scale. The pain is described as aching, burning, dull, piercing, sharp, and throbbing type of pain. Associated symptoms would include decreased mobility, difficulty going to sleep, locking, night pain, night-time awakening, popping, swelling, tingling in the arms, tenderness, and weakness. Physical examination revealed paravertebral tenderness, decreased cervical range of motion, and negative Spurling's test. Per 4/11/11 medical report, cervical spine x-rays of 7/23/10 revealed degenerative disc disease with disc space narrowing at C4-5 and C5-6 and to lesser degree at C6-7 with mild foramina' narrowing. Conservative treatment includes medication and physical therapy. However, there remains no documentation of objective findings that indicate significant pathology or neurologic deficits. Therefore, the medical necessity of the request is not substantiated.

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

THE MEDICAL RECORDS REFLECT SUBJECTIVE COMPLAINTS OF THE SHOULDER AND NECK PAIN FOR OVER ONE YEAR. EVALUATION HAS NOT REVEALED AN OBJECTIVE FINDING IN THE NECK OR UPPER EXTREMITIES TO SUPPORT A RADICULOPATHY.

THE MEDICAL NECESSITY FOR A CERVICAL MRI IS NOT SUPPORTED BY THE MEDICAL RECORDS BASED ON EXAMINATIONS AND PLAIN X-RAYS. THEREFORE, THE REQUEST FOR MRI OF THE CERVICAL SPINE WITHOUT CONTRAST BETWEEN 7/14/11 AND 9/12/11 IS NOT REASONABLE OR MEDICALLY NECESSARY.

**ODG-TWC, last update 6-15-11 Occupational Disorders of the Neck and Upper Back – MRI: 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)