

# P&S Network, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 02/11/2011

**IRO CASE #:**

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

**This case was reviewed by a Pain Management doctor (Board Certified), Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.**

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

MRI with contrast cervical spine

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

According to the medical records and prior reviews the patient is a xx-year-old male employee who sustained an industrial injury to the cervical spine when rear-ended while riding a motorcycle. He is status post C3-4 and C4-5 anterior reconstruction and decompression and is followed for continuing neck and left shoulder complaints.

The patient was reevaluated approximately one year post ACDF C3-4 and C4-5. He also had left shoulder problems since the accident and is seen with shoulder complaints. He has good neurological function in the upper extremities. There is mild deltoid weakness of 5-/5 and some limitation in shoulder ROM. There is pain at end-range external rotation at 25 degrees and some limitation of internal rotation. There is some pain over the AC joint as well. Assessment is concomitant left shoulder pain. A left shoulder MRI is recommended to establish his current impairment.

The patient was seen on May 12, 2010 for review of his shoulder MRI. He has good motor function of the upper extremities. He still has some mild pain with resistance in the left shoulder. MRI shows some tendinopathy changes in the left shoulder. Assessment is left supraspinatus tendinopathy with no frank rupture. He is encouraged to do a strengthening program and return in 6 months.

The patient was most recently reevaluated on November 10, 2010. In regard to the cervical spine, he is over a year post surgery and reports some increasing episodes of dizziness and some hand pain. He states that at one time he had transient pain that radiated up to the back of his ear. Objectively, motor function is good and he does not have a Hoffman sign. Recommendation is to document any possibility of junctional stenosis if he is having any neurological symptoms or changes with MRI.

On November 11, 2010 recommendation was for cervical MRI with contrast.

Request for MRI with contrast cervical spine was considered in review on November 19, 2010 with recommendation for non-certification. The patient is a xx-year-old male. He has left shoulder and neck complaints since a motorcycle accident and is status post C3-4 and C4-5 anterior reconstruction and decompression. The provider note of 11-10-10 reported no focal neurological deficits and no measured ROM loss. There is no report of the conservative treatments attempted including HEP. ODG is cited. A peer discussion was attempted but not realized.

Request for reconsideration MRI with contrast cervical spine was considered in review on December 2, 2010 with recommendation for non-certification. The patient was rear-ended while on his motorcycle in 2008. He underwent anterior cervical discectomy and fusion in 2010. Provider note dated 05-12-2010 indicated left shoulder MRI revealed tendinopathy changes of the supraspinatus. Review of the records indicated that the left shoulder was injected twice with return of the shoulder pain. The provider reevaluated the left shoulder pain on 11-10-10. He status post C3-4 and C4-5 anterior reconstruction and decompression. He noted difficulty with raising the left shoulder and hand pain. Hoffman's sign was negative. Motor function was intact. Recommendation was for cervical MRI to rule out junctional stenosis. A peer discussion was attempted but not realized. Rationale for denial notes the current medical report (05-12-2010) does not even discuss neck pain or any physical findings related to the neck.

Request was made for an IRO.

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

ODG: Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging.

Current provider notes of November 2010 indicate the patient is over a year post surgery and reports some increasing episodes of dizziness and some hand pain. He states that at one time he had transient pain that radiated up to the back of his ear. However, the examination only notes that motor function is good and he does not have a Hoffman sign. The examination is very limited with no mention of ROM, palpatory findings or special testing other than Hoffman's Sign. Recommendation is to document any possibility of junctional stenosis with MRI "if he is having any neurological symptoms or changes." As no specific changes or neurological symptoms have been documented, such as a sensory, reflex or motor abnormality, special imaging does not appear to be indicated at this time.

Therefore, my recommendation is to agree with the previous non-certification for MRI with contrast of the cervical spine.

The IRO's decision is consistent with the following guidelines:

**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

- 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

The Official Disability Guidelines 01-21-2011 Neck and Upper Back: Magnetic Resonance Imaging:

Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation).

MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery. MRI is the test of choice for patients who have had prior back surgery. For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended.

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