



Specialty Independent Review Organization

AMENDED REPORT 6/28/2011

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 6/28/2011

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of a repeat MRI cervical spine without contrast (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 a repeat MRI cervical spine without contrast (72141).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
and Dr.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: Spine Texas Pre-auth request – 4/28/11, Office Note – 10/27/10-5/25/11; Regional Medical Center Operative Record – 6/8/10; and Denial Letters – 5/3/11 & 5/24/11.

All records reviewed from Dr. were duplicates from

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The attending physician records as (of 10/27/10 and thereafter) reveal that despite a (6/8/10 dated) single level ACDF at C6-7, that the claimant has 50% neck and 50% arm pain. He described headaches and painful swallowing, along with arm pain, despite being neurologically intact by history. Exam findings were noted to reveal that the claimant had painful cervical motion, painful neck compression, slight right-sided weakness and decreased upper extremity reflexes, + shoulder impingement with marked tenderness. Xrays revealed a "definite pseudarthrosis at C6-7" with multi-level cervical degenerative changes. On 11/17/10, a new MRI reflected a prior fusion at C6-7, along with neuroforaminal stenosis. Surgical intervention including hardware removal and refusion was felt indicated by the Attending Physician. Post-cervical surgery notes as of 3/16/11 were next reviewed. On 4/22/11, reference was made to painful neck motion and a significantly increased left arm pain with paresthesias. A question of decreased sensation and weakness was noted. An MRI was considered indicated by the Attending Physician, in order to assess the operated and adjacent level(s). On 5/16/11, the clinical findings were reiterated and more prominent (especially decreased thumb and index sensation). Flexion-extension films discussed evidence of a probable pseudarthrosis, again. There was a consideration for adding a posterior fusion or decompression plus fusion if there was evidence of stenosis. On 5/25/11, the Attending Physician added that the MRI will assist in determining an anterior and specific type of posterior approach.

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

According to the medical records reviewed, there is a documented chronic neck pain with neurologic symptoms and signs, along with abnormal motion on flexion-extension x-rays. There is a probability of static and dynamic nerve root impingement and/or stenosis of the cervical spinal cord. There is a documented probable indication for another surgical intervention, type and intensity to be partially based on an MRI scan. The ODG supports such a 'repeat' cervical MRI in 'red flag' cases (post-operatively) as specifically noted below, and, it is medically necessary.

ODG-Cervical Spine-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

**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)