



Notice of Independent Review Decision

DATE OF REVIEW: 07/12/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI Thoracic Spine w/out Contrast

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

Board Certified in Orthopaedic Surgery
Certified in Evaluation of Disability and Impairment Rating -
American Academy of Disability Evaluating Physicians

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.

MRI Thoracic Spine w/out Contrast – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY (SUMMARY):

The patient's chief complaint is back pain, sustained while placing a single sheet of sheetrock onto the wall and as he lifted it and pushed it against the wall he felt severe pain in the middle of his back. X-rays revealed extensive diffuse degenerative changes in the thoracic spine and possible small compression fracture. The MRI of the thoracic spine 02/04/10 revealed multilevel thoracic spondylosis, with moderate central protrusion with mild spinal canal stenosis at T6-T7 and a small-to-moderate right central extrusion at T7-T8 and a small central extrusion at T8-T9. Dr. interpreted this as "MRI findings show a herniated disc" and "x-rays show a fracture in the back". M.D. stated 05/03/10 "review of the patient's x-rays reveals a normal appearing thoracic spine for a patient of this stated age. There are degenerative changes consistent with his age; however, there is no sign of fracture, dislocation, spondylolysis, or spondylolisthesis noted." He did not have any radicular signs. On 04/27/11, it was noted that the patient had gone to the emergency room with complaints of a band of pain that radiates around the thoracic area into the left side of his chest, into the axillary. A new thoracic MRI was requested.

The URA report indicated: "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, neuro-compression, recurrent disc herniation)." It was also noted the "most recent physical examination was cursory with no documentation of strength by MMT, ROM measurements, sensory assessment, or orthopedic maneuvers which would better reveal the present needs of the patient." "There are no indications that there are "red flag" conditions."

Dr. replied:

"We had tried on three different occasions to order an MRI in light of the new red flag symptoms of chest pain, thoracic pain in this dermatome pattern, I do feel it would be appropriate. He has had an MRI over a year ago that showed a large thoracic disc. He was a surgical candidate at that time and he still is. I read the latest denial from the carrier and indicates there is no new information on the case, all of which is not true. He has been here on several occasions. We have documented emergency room visits from this event and there is no objective test that would document radicular symptoms on a thoracic nerve root. He does have point tenderness in the mid thoracic area. He is also neurological and vascular exam intact grossly except for this radicular symptom in the left side of the chest around to the sternum."

The second URA responded: "furthermore, the medical records have not provided the objective documentations to confirm that the patient has exhausted conservative treatment for these current symptoms."

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

The ODG does not recommend MRI in this circumstance: "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. 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
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit.
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient

Further, the claimant is not a candidate for surgery, ostensibly Dr.' rationale for the MRI. "Discectomy-laminectomy-laminoplasty: Recommended as an option if there is a radiographically demonstrated abnormality to support clinical findings consistent with one of the following: (1) Progression of myelopathy or focal motor deficit; (2) Intractable radicular pain in the presence of documented clinical and radiographic findings; or (3) Presence of spinal instability when performed in conjunction with stabilization. Surgery is not recommended for disc herniation in a patient with non-specific symptoms and no physical signs." While there is no specific notation in the ODG for thoracic discectomy, the same rationale would apply.

In conclusion:

A repeat MRI of the thoracic spine is not medically indicated as it does not meet the criteria set forth in the ODG. There is no medical evidence presented that this reviewer should make an exception to the ODG.

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)
- AMA GUIDES 5TH EDITION