



Southwestern Forensic
Associates, Inc.

Amended July 28, 2011

DATE OF REVIEW: 07/24/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical spine MRI scan

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Family Practice physician, board certified by the American Board of Family Practice

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This male was injured on xx/xx/xx when he was reaching in a hopper to get a can out that had fallen inside the hopper. He felt a pop in the left shoulder with numbness in the left arm. A CT scan revealed disc protrusion at C3/C4 and C5/C6 levels. An MRI scan on showed disc desiccation at C3/C4 with right paracentral disc protrusion compressing the thecal sac and mild to moderate loss of disc height space at C4/C5 and a small disc protrusion at that area. There was C5/C6 mild to moderate loss of disc height space with disc protrusion.

On 05/08/09 the patient had an ACDF at C5/C6. He continues to have numbness in the left hand, neck pain, and pain in the left arm as documented in the medical records of Dr. and Dr. .

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

Despite the information in the two adverse determinations, there does appear to be an indication for the MRI scan. In those adverse determinations were listed the accepted “indications for imaging MRI.” Listed were the following two out of approximately eight indications: (1) chronic neck pain (equal and after three months of conservative treatment), radiographs normal, neurological signs and symptoms present; (2) chronic neck pain, radiographs showing spondylosis, neurological signs and symptoms present. This patient fulfilled both of these requirements as delineated below.

On the 06/15/01 narrative report describing the history and physical and testing examinations of Dr. on this patient, he noted that the pain was rated in the neck as 6-7/10, shoulder 4-5/10, and left arm 3/10. His objective tests revealed foraminal compression signs on the left as well as maximum foraminal compression signs on the left and cervical traction decreasing the pain. The patient had a positive Apley’s maneuver on the left and decreased range of motion compared to the right side. He also noted under the neurological exam that there was a decrease in sensation in the left arm in dermatomes C5/C6. These are symptoms and signs of left cervical radiculopathy. Dr. office note of 05/24/11 shows a history that the patient states he developed increasing neck pain, which is referred into the left arm. This is a radicular symptoms indicating potential nerve compression. He also has a feeling of numbness in all the fingers of the left hand, which is also a sign of nerve compression in the cervical spine. Dr. noted decreased sensation in the left hand and absent triceps reflexes bilaterally. These signs are also consistent with signs of left cervical radiculopathy requiring imaging to evaluate.

Therefore, this patient does have chronic neck pain still present three years after surgery with neurological signs and symptoms as described above. An MRI scan is indicated at this time to assist the detailed anatomy of this area, considering the possibility of nerve compression from an advanced of the diseased process from the injury and/or a breakdown of the previous surgical procedure’s prior beneficial effects. Without the knowledge of what is going on with information obtained only through this MRI scan, the patient’s future treatment and care will be compromised.

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

(Check any of the following that were used in the course of your review.)

_____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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)