

# Core 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jul/08/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:  
Repeat MRI of cervical spine, CPT code 72141

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:  
M.D., Board Certified Orthopedic Surgery

### 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)

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Utilization review determination notification 05/05/11 non-certification repeat MRI of cervical spine CPT code 72141

Acknowledgment of receipt of request for reconsideration (appeal) of adverse utilization review determination 05/20/11

Utilization review determination notification 05/24/11 non-certification appeal request repeat MRI of cervical spine CPT code 72141

Preauthorization review 05/05/11 adverse determination repeat MRI cervical spine, repeat MRI lumbar spine

Preauthorization appeal review 05/23/11 adverse determination repeat MRI cervical spine, repeat MRI lumbar spine

Letter of medical necessity 05/19/11 and 04/27/11 regarding MRI cervical and lumbar spine

Office notes D.C. 11/29/10 and 04/08/11

Preauthorization review 12/06/10 regarding non-certification EMG/NCV bilateral upper extremities / cervical

New patient evaluation M.D. 04/18/11

MRI left shoulder 03/11/11

X-ray left shoulder 03/01/11

Preauthorization review 04/22/11 modified certification 10 physical therapy visits to left shoulder

Peer review report 04/29/11 non-certification EMG upper and lower extremities

Preauthorization review 04/21/11 non-certification NCV to bilateral upper and lower extremities with ultrasound

Preauthorization form 04/29/11

Progress notes 03/30/11-04/27/11

New patient evaluation M.D. 03/01/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate he was injured when a xx fell on his neck, back and shoulders. Past treatment was noted to include physical therapy, injections, and nerve blocks. The injured employee was seen in follow-up on 04/08/11 by Dr. for cervical, lumbar, and left shoulder. The injured employee was noted to have continued complaints of tenderness at neck, low back, and left shoulder joint. The injured employee was noted as currently taking Tramadol and NSAIDs for pain, and he reported they are helping him tremendously. Objective findings reported tenderness at the cervical spine upon palpation with left greater than right, with tenderness and spasm noted at cervical paraspinal musculature bilaterally. There was decreased range of motion at cervical spine with flexion 32 degrees, extension 41 degrees, right lateral flexion 12 degrees, left lateral flexion 11 degrees, right rotation 44 degrees, and left rotation 41 degrees.

There was decreased deep tendon reflexes noted at left upper extremity +1/2. There was increased numbness and tingling noted at left upper extremity and lower extremity. Muscle weakness was noted at left upper extremity and lower extremity. There was decreased range of motion of lumbar spine. Myospasms and tenderness was noted at lumbar paraspinal musculature bilaterally left greater than right. Decreased muscle strength was noted in lower extremities. Physical examination performed on 04/18/11 by Dr. reported the injured employee to be 5'5" tall and 126 lbs. Evaluation of the cervical spine revealed normal appearing neck region with no swelling or ecchymosis. There was no tenderness to palpation of the cervical paraspinals, supraspinatus ligament and trapezius muscles bilaterally. There was no focal spasm. There was full range of motion of the cervical spine in all planes. Neurologic examination of the upper extremities was normal with symmetrical sensation in all dermatomes, normal motor strength 5/5 in all muscle groups, and symmetrical reflexes. Spurling's sign was negative bilaterally.

A request for repeat MRI of cervical spine was reviewed on 05/05/11 and determined as non-certified as medically necessary. The reviewer noted that per ODG guidelines regarding repeat MRI for cervical spine, "repeat MRI is not routinely recommended, and should be reserved for significant change in symptoms and / or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, and recurrent disc herniation)." In this case there were no neurologic symptoms. It was reported there was muscle weakness and decreased range of motion but no specific myotome identified for either the upper or lower extremities. There was no indication of sensory loss or deep tendon loss or documentation of significant change in symptoms and / or findings of significant pathology, and therefore, medical necessity was not established for repeat MRI of cervical spine.

A reconsideration / appeal request for repeat MRI cervical spine was reviewed on 05/23/11 and the request was non-certified as medically necessary. The reviewer noted the injured employee has no significant change in symptoms or findings of significant pathology, and the request for repeat MRI of cervical spine was not medically necessary.

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

The injured employee is noted to have sustained an injury in xxxx. He underwent MRI of cervical spine on 08/16/08, which revealed 2 mm disc protrusion at C3-4 and C4-5 with degenerative disc disease at C5-6 and C6-7. MRI of the left shoulder on the same date revealed a 1 cm intrasubstance tear of supraspinatus. Electrodiagnostic studies performed on 07/08/10 revealed an unremarkable study. The most recent examination by Dr. performed on 04/18/11 revealed no neurologic deficits with intact sensation, normal motor strength, and symmetrical reflexes throughout. Spurling's sign was negative bilaterally. ODG guidelines provide that repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and / or findings suggestive of significant pathology. There is no evidence of significant change in symptomatology, and no evidence of progression of neurologic deficit that would suggest significant pathology. As such, the request for repeat MRI of cervical spine, CPT code 72141 is not supported as medically necessary.

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

- ACOEM-AMERICA 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)