



# IMED, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 06/13/11

**IRO CASE NO.:**

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

Item in dispute: Cervical MRI with and without contrast CPT: 72156

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

Texas Board Certified Orthopedic Surgeon

Texas Board Certified Orthopedic Sports Medicine

### **REVIEW OUTCOME**

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

Denial Overturned

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. 11/23/09-12/16/10, M.D.
2. 12/31/09, clinical note, M.D.
3. 12/31/09, MRI cervical spine.
4. 04/14/10, clinical note, M.D.
5. 01/18/11-04/14/11, clinical notes, Express.
6. 03/28/11, clinical note/cervical spine radiographs, M.D.
7. 04/06/11, prior review, M.D.
8. Cover sheet and working documents.
9. **Official Disability Guidelines**

### **PATIENT CLINICAL HISTORY (SUMMARY):**

The claimant is a male who sustained an injury on xx/xx/xx.

A clinical note dated 11/23/09 reported the claimant complained of neck pain with an onset on 11/23/98. The claimant complained of weakness in the bilateral arms with occasional numbness and tingling. Physical examination reported decreased range of motion, midline cervical spine tenderness, and decreased left grip strength. A clinical note dated 12/30/09 reported the claimant continued to complain of neck pain. Physical examination reported decreased left grip strength, absent biceps and brachial radius reflex, some muscular wasting in the upper arm, decreased range of motion and midline tenderness.

An MRI of the cervical spine dated 12/31/09 revealed evidence of prior anterior discectomy and fusion at the C5-C6 and C6-C7 level with no recurrent disc protrusion or adverse feature identified. The claimant was noted to have moderate to severe degenerative disc disease at C4-C5 with generalized disc bulging resulting in moderate to severe spinal canal stenosis and severe left neuroforaminal stenosis.

A clinical note dated 09/23/10 reported the claimant complained of neck pain with radiation to the bilateral arms as well as right sided face pain. Physical examination reported continued decreased range of motion in the cervical spine.

A clinical note dated 03/28/11 reported the claimant had chief complaints of neck pain and left arm pain. Note reported the claimant's symptoms were concentrated on the left side in addition to facial pain and headaches. Physical examination revealed evidence of 5/5 upper motor strength, no hyperreflexia and absent Hoffman's sign. The claimant was recommended for an MRI to look for

worsening neurological compromise within the cervical spine. Radiographs of the cervical spine revealed fusion at the C5-C7 levels.

A prior review dated 04/06/11 by Dr. reported the request for cervical spine MRI was denied. The letter reported the request was denied secondary to inadequate evidence of change in the claimant's condition to warrant imaging.

Clinical note dated 04/14/11 reported the claimant complained of 5/10 neck pain. Physical examination reported the claimant had findings of left bicep atrophy and altered sensation in the left C7 dermatome to light touch. The claimant was again recommended for repeat MRI. The note also reported the claimant was having dysphasia and upper extremity weakness.

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

The request for cervical MRI with and without contrast is medically necessary at this time. Documentation indicates the claimant has a prior surgical history to include ACDF at C5-C7. The prior review by Dr. denied the request for MRI secondary to lack of physical examination findings. However, the most recent clinical note submitted for review dated 04/14/11 indicated the claimant had left biceps atrophy and altered sensation at the left C7 dermatome. Given the recent change in physical examination findings and subjective complaints of numbness and weakness, the clinical documentation provided does support the medical necessity of the request at this time.

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

***Official Disability Guidelines***, Neck and Upper Back Chapter

Magnetic resonance imaging (MRI) 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). (Anderson, 2000) (ACR, 2002) See also ACR Appropriateness Criteria™. 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. (Bigos, 1999) (Bey, 1998) (Volle, 2001) (Singh, 2001) (Colorado, 2001) 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. (Daffner, 2000) (Bono, 2007)

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