

Notice of Independent Review Decision

DATE OF REVIEW: 2/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CERVICAL MRI

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

Board Certified Orthopedic Surgeon/Fellowship Trained Spine Surgeon

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

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	2/10/2011
URA Certificate	02/09/2011
Notice of Utilization Review Findings	01/19/2011 01/31/2011
M.D. Clinical Notes	1/10/2011
Pre-Authorization Request	1/13/2011
Hospital	3/09/2007
History and Physical	4/9/2007
Operative Report	4/10/2007
Discharge Summary	04/11/2007
Medical Center	05//03/2007 - 9/20/2007
Radiology Reports	
Health System Report	02/07/2007
MRI C-Spine	

PATIENT CLINICAL HISTORY [SUMMARY]:

Xx man presents s/p ACDF C5-C7 (1991), s/p ACDF C3-C4 (2007), with complaints of neck pain and shoulder pain consistent with a C5 radiculopathy, as well as weakness to all four extremities. His examination shows findings consistent with cervical myelopathy, to include a wide-based gait, ankle clonus, Lhermitte's sign. His radiographs reveal by report a spondylolisthesis of C4 on C5 and degenerative changes.

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

Patient diagnosis appears to be Cervical Myelopathy and Radiculopathy based on the history and examination, most likely at the C4-C5 segment.

Per ODG: “Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., 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.”

This patient meets ODG and ACR appropriateness criteria for repeat MRI as there is evidence of cervical radiculopathy which is consistent with compression.

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:
 1. **Anterior Cervical Decompression and Fusion Accelerates Adjacent Segment Degeneration**; SPINE Volume 35, Number 1, pp 36–43. 2009, Lippincott Williams & Wilkins.
 2. **Cervical Myelopathy: A Clinical and Radiographic Evaluation and Correlation to Cervical Spondylotic Myelopathy**; SPINE Volume 35, Number 6, pp 620–624.
 3. **Radiculopathy and Myelopathy at Segments Adjacent to the Site of a Previous Anterior Cervical Arthrodesis**; J. Bone Joint Surg. Am., Apr 1999; 81: 519 - 28.