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**DATE OF REVIEW:** April 26, 2011

**IRO CASE #:**

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

Repeat MRI of the Cervical and Lumbar and X-rays of the Cervical and Lumbar.  
CPT Codes: 72148, 72141, 72120 and 72040.

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

AMERICAN BOARD OF ORTHOPAEDIC SURGEONS

**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**

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- Texas Department of Insurance 04/14/11
- Request for a Review by an Independent Review Organization, 04/13/11,
- M.D., P.A., 08/08/08, 11/06/08, 02/24/10, 03/10/10, 04/13/10, 04/15/10
- Texas Workers' Compensation Work Status Report, 11/10/08
- DWC-69, Report of Medical Evaluation, 11/06/08, 05/25/10
- M.D., 11/06/08
- 12/02/09
- Evaluation Centers, 05/07/10
- M.D., 02/28/11
- 03/10/11
- Open MRI, 03/03/11
- Medical records from the Provider include:
  - M.D., 08/08/08
  - M.D., 11/06/08
  - 12/02/09
  - M.D., 02/28/11

**PATIENT CLINICAL HISTORY:**The issue in question is denial of cervical and lumbar spine MRI scans and cervical and lumbar spine flexion/extension x-rays.

The patient sustained an injury to his neck and lower back on xx/xx/xx. Subsequent to this, while under treatment, the patient underwent MRI scans of his lumbar and cervical spine. The cervical spine MRI revealed a left paracentral protrusion at C5-6. The patient subsequently had a foraminal steroid injection at L5-6 on the right. I assume that this is a dictational error. The patient has history of a lumbar surgery that was performed by a Dr. in 2009. I have a copy of his thoracic spine MRI, but I was not provided nor have I seen results of a lumbar spine MRI. I assume that one was performed, in that the patient has had surgery performed at L5-S1 on the left.

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

The patient has presently continued to have symptoms both in his arm, back, and lower extremity. The patient reports he has had no relief of his symptoms following his initial spinal procedure. The patient has been at maximum medical improvement since 2010.

The question now arises of the necessity of further radiographic studies and workup. At the present time, the patient continues to have cervical radicular symptoms that have not abated since the time of his treatment. His original MRI was performed in 2008, some three years prior to the present time.

In light of no significant change in the patient's radicular symptoms in the cervical spine, I do not see the necessity of repeating a cervical MRI. However, if surgery is contemplated in the cervical spine, in my opinion, it would not be beyond reasonable or outside the current medical practices to get simple cervical flexion/extension views.

In reference to the lumbar spine, again, there is history of a lumbar laminectomy, which was of no benefit. However, I have not been provided a copy of a definitive lumbar spine MRI, only a thoracic MRI.

If further treatment is suggested for the persistent radiculopathy, and there is not an up-to-date lumbar spine MRI, it would be appropriate. I cannot envision this patient having had a laminectomy without an MRI or a myelogram. However, again, I was not provided a copy of the report for this evaluation, nor was I given a copy of Dr. records. Therefore, it would be appropriate to proceed with doing an MRI of the lumbar spine.

The necessity for flexion/extension views, are not necessary. There is nothing in this patient's history that demonstrates gross instability and, as new literature has suggested, the efficacy and value of a fusion in the workman's compensation population is, at least, questionable. Again, I do not have Dr. operative report, but I assume he performed only a hemilaminotomy and not a complete laminectomy. Resultantly, this patient probably does not have a congenital instability and again the necessity, according to the recent medical literature, does not validate the use of a lumbar fusion in that fusions do not significantly

seem to improve the long-term outlook and in this patient population often lead to increased morbidity and hardware complications necessitating reoperation. Also mortality secondary to the increased use of opioids in the treatment of the failed instrumentation and fusion procedures is a well documented fact in recent literature

In summary, the treating physician should be allowed to perform the flexion/extension cervical x-rays. In my opinion, the patient does not need a new cervical MRI. If a postoperative MRI of the lumbar spine has not been performed, it would be appropriate to repeat the MRI. I do not see the necessity of the lumbar flexion/extension views.

A simple solution to all of these problems might be simply doing a myelogram of the lumbar and cervical spine and doing a post myelographic CT to evaluate the contents of the spinal canal. In doing the myelogram, flexion/extension views can be performed with dye in place to see if there is a significant compression of the neural contents. In doing the myelogram with post myelographic CT with contrast, one might be able to get a completely independent analysis of the patient's axial skeleton pathology from an independent/outside neuroradiologist. In doing so, this would not only serve the patient well but would also erase any aspect of conflicting self-serving interpretations of the test.

**CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- 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)