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Notice of Independent Review Decision

DATE OF REVIEW:
05/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Cervical CT/Myelogram

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

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: Upheld

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.
The medical necessity for the service in dispute, cervical CT/Myelogram, is not established upon review of the provided documentation.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

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PATIENT CLINICAL HISTORY [SUMMARY]:
Records indicate that the injured individual is a female who presented to the office of the attending provider (AP) with right shoulder and arm pain that occurred reportedly as a result of an occupational injury that occurred on xx/xx/xxxx. The history reveals that she was struck in the back of the head and neck. The history is positive for a previous neck surgery, a C5/6 fusion some 15 years ago. The records reveal two previous MRI studies that reveal mild bulging in the cervical spine of 2mm or less and degenerative changes. Electrodiagnostic studies dated 01/09/2007 were within normal limits and revealed no neurological evidence of entrapment or radiculopathy. Electrodiagnostic studies were repeated on 01/20/2010 which revealed normal electromyogram (EMG) findings but nerve conduction velocity (NCV) studies indicative of possible entrapment syndrome at the bilateral wrists and/or elbows. To date, the injured individual has participated in care to include chiropractic management, physical therapy, medication management, and steroid injections.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The records reveal a long course of multidisciplinary care and previous advanced testing. The records reveal two previous MRI studies, two previous electrodiagnostic studies and a prior CT. Since those studies, no new trauma or provocative incident has been noted. Moreover, the records do not indicate that the onset of progressive neurologic deficit has been documented. Lastly, the records reveal that surgery has been deemed necessary due to aberrant or excessive motion in the area of a previous cervical fusion that has been deemed incompletely fused and unstable. Therefore, in light of the prior advanced tests and in the absence of new provocative or traumatic events, it is not clear what information would be gained by this additional test. This is especially true given the fact that surgery has already been deemed necessary by some of her providers. As such, given the lack of supporting rationale within the documentation, the medical necessity for the requested procedure, Ct/Myelogram, is not established upon review of the submitted and reviewed documentation.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:
ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
Official Disability Guideline
Neck and Upper Back
Online Version

Not recommended except for indications 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. (Anderson, 2000) (ACR, 2002) See also ACR Appropriateness Criteria™. MRI or CT imaging studies are valuable when 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) (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

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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) CT scan has better validity and utility in cervical trauma for high-risk or multi-injured patients. (Haldeman, 2008) Repeat CT 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 where MRI is contraindicated). (Roberts, 2010)
Indications for imaging -- CT (computed tomography):
- Suspected cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet
- Suspected cervical spine trauma, unconscious
- Suspected cervical spine trauma, impaired sensorium (including alcohol and/or drugs)
- Known cervical spine trauma: severe pain, normal plain films, no neurological deficit
- Known cervical spine trauma: equivocal or positive plain films, no neurological deficit
- Known cervical spine trauma: equivocal or positive plain films with neurological deficit