

# US Decisions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Apr/30/2011

**IRO CASE #:**

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

MRI of the cervical spine

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

M.D. Board Certified Orthopedic 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**

Official Disability Guidelines

C-spine MRI: 09/21/98, 12/13/1999, 08/10/03

Dr. OV: 09/29/08 11/25/08, 02/25/08, 03/26/09, 06/30/09, 11/23/09, 02/23/10, 06/24/10, 11/12/10, 02/17/11

Script for Cervical MRI: 11/12/10

Peer Review: 11/19/10, 12/30/10, 01/18/11, 03/14/11

09/12/88 cervical x-ray report

09/14/88 cervical CT scan report

09/21/98 MRI cervical spine report

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male with a date of injury of xx/xx/xx. Diagnosis was cervical spondylosis without myelopathy, cervical disc disorder without myelopathy and cervicalgia. The MRI of the cervical spine from August 2003 showed findings similar to the previous exam dated 1999, C4/5 disc/spur left posterior paracentral protrusion contacting the left side of the spinal cord with mild distortion and disc/spur to the right posterior paracentral at C5-6 similar sized as before contacting the spinal cord. The cervical spine x-rays including flexion and extension views from June 2010 showed all seven mobile segments were visualized, C3-C6 significant disk space narrowing noted throughout each segment, some bony osteophytes noted on each vertebral body anteriorly, no instability or fractures noted. Dr. saw the claimant on 02/17/11 for complaints of worsening neck pain into his shoulders. Strength was 5/5. Deep tendon reflexes were normal. Sensation was intact. The claimant has pain with range of motion in flexion and extension. Impression was cervical disc herniation, which could be causing cord compression. Dr. has recommended MRI.

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

The requested MRI of the cervical spine is not medically necessary based on review of this medical record.

This is a gentleman who injured his neck in xxxx. He has had an MRI of his cervical spine in September 1998, December 1999, and August 2003. He has had ongoing medical records from Dr. documenting his neck and arm complaints, but there is no clear documentation in any of these medical records of abnormal structural instability on x-ray testing or new positive physical findings such as neurologic deficit. His most recent 02/17/11 office visit of Dr. Henry documents normal neurologic evaluation without protective muscle spasm, disuse muscle atrophy, or other abnormality.

Official Disability Guidelines document the use of MRI testing in patients who have progressive neurologic deficit, new acute traumatic abnormality, or change in clinical condition over time. None of that appears present in this case. The claimant has had multiple cervical spine MRIs, and in light of the fact that he has no new physical findings or change in his clinical condition, then the MRI of the cervical spine is not medically necessary.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates. Neck and Upper Back

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

#### **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)