

Core 400 LLC

An Independent Review Organization
7000 N Mopac Expressway, Second Floor
Austin, TX 78731
Phone: (512) 772-2865
Fax: (530) 687-8368
Email: manager@core400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of Cervical Spine, CPT Code 72141

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

MD, 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

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained work related injuries to her neck, right shoulder and arm caused by repetitive use /overuse. The claimant was employed doing. Date of injury is recorded as xx/xx/xx. The current diagnosis is hand shoulder syndrome and cervical strain and pain.

Review of patient records revealed that the claimant was treated by Dr. DO for a neck injury on 10/7/09 & 10/21/09 with conservative measures. There were not any diagnostic studies submitted for review pertinent to this injury. There was a gap in the records until 08/04/10 when the claimant presented for treatment with Dr. with complaints of right shoulder pain, which radiated into the right arm and hand with numbness and tingling. Dr.'s examination findings revealed the following: Neck exam showed full range of motion without crepitus, pain or tenderness. There was not any trigger points noted or any radicular symptomology down into the arms. Exam of the right shoulder showed acromial bursitis and impingement of the shoulder joint with a painful arc. Tendinitis was present in the elbow and wrist region with tingly type feeling. Diminished grip strength and power was noted. Dr.'s impression was hand-shoulder syndrome with right shoulder bursitis and tendinitis. Carpal tunnel syndrome or nerve entrapment could not be ruled out at this time. Dr. noted that there were not any neck symptoms at this time however if the claimant should develop any then an MRI of the cervical spine would be indicated as well as plain films and an EMG. Dr. recommended

conservative treatment for the shoulder, which consisted of medication, formal physical therapy an EMG and an ergonomic assessment of her work station along with work modifications.

Throughout the remainder of 2010 Dr.'s treatment was focused on the right shoulder and arm complaints. Diagnostic workup included an MRI of the shoulder as well as plain x-rays. The MRI done on 10/26/10 demonstrated fraying of the superior glenoid labrum. X-rays of the right shoulder were negative for fracture or dislocation. The claimant reported to Dr. that her claim to worker's compensation for the hand-shoulder syndrome was denied and therefore had not received any therapy or an authorization for an EMG as yet. The only recommendation that was carried out was the ergonomic assessment.

The claimant returned to Dr. on 11/08/10 at the request of the insurance carrier for an evaluation of her cervical spine related to the previous injury. The treatment recommended by Dr. for the claimant's right shoulder and arm still had not been authorized by the carrier. At this time the claimant did not have any complaints of pain or other symptoms related to her cervical spine. Dr. clearly documented that should any symptoms arise further work up would be required.

On 03/02/11 the claimant did return to Dr. with complaints of cervical neck pain with pain radiating into her shoulder and down her right arm into the hand. Examination of the claimant revealed paravertebral spasm with pain and tenderness of the cervical spine. There was decreased flexibility, range of motion, strength and power noted. Subacromial bursitis with painful arc syndrome and click in the glenohumeral joint with no instability patterns was noted. There was lateral epicondylitis of the elbow with pain and tenderness in the right wrist and hand. Dr. 's diagnosis was myofascial strain to the cervical spine and possible disc disease with radicular symptoms into the right arm. Dr. noted that the pain and tenderness in her shoulder down to her arm represented a repetitive type injury related to work activities frequently referred to as the hand-shoulder syndrome. Dr. recommended an MRI of the cervical spine and an EMG/NCS if any abnormality was noted on the MRI as well as formal physical therapy, which still was not authorized. The claimant remained at regular work activities though out this period of time. The request for the cervical MRI was denied per peer review twice; once on 03/15/11 and again on 04/06/11.

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

The MRI of the claimant's cervical spine is not medically necessary based on the records provided in this case. ODG indications for imaging explain MRI is appropriate in this setting with chronic neck pain, if radiographs are normal, neurologic signs or symptoms are present after three months of conservative treatment or in the setting of chronic neck pain if radiographs show spondylosis, old trauma, bone or disc destruction with neurologic signs of symptoms and indicated in cases of neck pain with radiculopathy, if severe or progressive neurologic deficits are present. Lastly, it is indicated in the setting of cervical spine trauma. In this case there has been no trauma. There is no documentation of any type of neurologic deficits on examination, which would be indicative of radiculopathy. There is no documentation that radiographs of the claimant's cervical spine have been obtained. Therefore based on the Official Disability Guidelines, the reviewer finds there is no medical necessity for MRI of Cervical Spine, CPT Code 72141 at this time.

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

Magnetic resonance imaging (MRI)

Not recommended except for indications listed below:

ODG 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

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)