



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 09/06/11

**IRO CASE NO.:**

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

Item in dispute: MRI of the thoracic spine to include CPT Code 72157

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

Texas Board Certified Family Practice

**REVIEW OUTCOME**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Clinical notes dated 04/21/11 until 07/29/11
2. Radiograph of the cervical spine dated 04/21/11
3. CT scan of the brain dated 04/25/11
4. Radiograph of the thoracic spine dated 05/16/11
5. Prior review dated 07/28/11
6. Cover sheet and other working documents
7. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a male who sustained an injury on xx/xx/xx. The Employer's First Report of Injury or Illness Form dated xx/xx/xxxx reported he was injured when he hit his head and neck.

Radiographs of the cervical spine dated 04/21/11 revealed negative findings.

A CT of the brain dated 04/25/11 was unremarkable.

A clinical note dated 05/02/11 reported the employee complained of neck pain radiating to the back, numbness in hands, and headaches. Physical examination reported that the thoracolumbar spine demonstrated tenderness on palpation with normal motion, no sensory abnormalities, and normal reflexes. The employee was recommended for medication management.

A clinical note dated 05/09/11, reported the employee complained of 7/10 to 10/10 pain in the neck, back, and head. Physical examination revealed spasms of the paraspinal muscles in the thoracic spine.

Radiograph of the thoracic spine dated 05/16/11 revealed negative findings.

A clinical note dated 05/24/11 reported the employee had completed two sessions of physical therapy with improvement.

A clinical note dated 06/03/11 reported the employee had completed six sessions of therapy. The employee was recommended for consideration of MRI of the neck if no improvement with additional physical therapy.

A clinical note dated 07/21/11 reported the employee was complaining of neck pain radiating to the right side greater than left and back pain. Physical examination revealed paraspinal muscle spasms in the thoracic spine with normal motion, no tenderness, no sensory abnormalities, normal gait, and normal reflexes. The employee was recommended for MRI of the cervical and thoracic spine.

A prior review dated 07/28/11 by Dr. reported the request for MRI of the thoracic spine was denied secondary to no documentation of neurological deficits or radicular symptoms.

A clinical note dated 07/29/11 reported the employee continued to complain of neck and mid back pain. The employee continued to have thoracic spine spasms with no tenderness or sensory abnormalities.

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

The request for MRI of the thoracic spine is not medically necessary. The employee was noted to have muscle spasms in the thoracic spine. There is a lack of any significant subjective or objective clinical findings to support MRI study at this time. As such, medical necessity has not been established.

## **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

### ***Official Disability Guidelines*, Low Back Chapter**

#### Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection, other “red flags”
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit.
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient