

# Becket Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** September 6, 2011

**IRO CASE #:**

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

Repeat cervical MRI

**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**

ODG Neck & Upper Back, Indications for Imaging - MRI

X-ray Report C-Spine: 11/02/07

Office Phone Message from Patient: 11/29/07

MRI Report C-Spine: 12/10/07, 01/15/09, 04/23/09

Office Note Dr. MD Orthopedics: 12/27/07, 01/15/09, 04/23/09, 12/03/09, 06/10/10, 03/17/11, 05/05/11, 07/28/11

Prescription Slips for injections: 04/07/11 & 04/19/11

Peer Reviews: 08/03/11 and 08/17/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female status post cervical fusion C5 through C7 with complaints of worsening neck pain, bilateral shoulder and arm pain. The claimant has been under the care of Dr. The original diagnosis, course of treatment and surgical date were not provided for review. Review of records submitted revealed the claimant was sent for x-rays of the C-spine on 11/02/07, which showed spondylosis above the fusion site at two levels with solid fusion at C5 through C7. An MRI reported dated 12/10/07 demonstrated the following: there was anterior fusion of the C5 through C7 vertebrae without recurrent bulge or protrusion present at the fused C5-6 and C6-7 level. There was not any central or right foraminal stenosis in the cervical spine. A 2 mm bulge at C3-4 mildly flattened the ventral surface of the thecal sac without affecting the cord. A 2 mm bulge at C4-5 was more prominent to the right of midline minimally flattening the right aspect of the cervical cord. No abnormal signal was seen in the cervical cord. A 2 mm central protrusion at C7-T1 abutted the cervical cord; an annular fissure was present in the protrusion. Uncinate joint spurring caused mild stenosis of the left C3-4 and left C4-5 foramina.

The claimant was seen by Dr. on 12/27/07 for review of the MRI. Exam findings revealed bilateral neck pain with spasms and a negative Spurling. Deep tendon reflexes were within normal limits. Dr. recommended conservative care with physical therapy, oral analgesics, anti-inflammatories, muscle relaxants and sleep medications. The claimant underwent a

cervical epidural steroid injection sometime in 04/2009. There was a large gap in the records until 06/10/10 with exam findings essentially unchanged and minimal relief obtained from treatment to date. Dr. performed several trigger point injections into the occipital nerve and bilateral trapezius regions with mild relief albeit not lasting as reported per the claimant. The claimant continued with conservative treatment into 2011. On 05/05/11 and 07/28/11 examination findings indicated the claimant had decreased sensation in the dermatomes of C6 and C7 along with decreased biceps reflexes on the right 0-1, left was 2+, triceps 2+ on the right and +1 on left.

Supinator reflexes were 2+ bilaterally with strength at 5/5 bilaterally. Dr. noted that the claimant had decreased sensation of her entire left arm to her hand. The right side was intact. Dr. adjusted the claimant's medications, ordered another course of formal physical therapy with instruction in a home exercise program and an MRI of the C-Spine with contrast to evaluate the levels above and below the fusion. The request for the MRI was denied per peer review on 08/03/11 and again on 08/17/11.

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

The reviewer finds that repeat cervical MRI is medically necessary based on the records provided in this case. ODG indications for MRI include chronic neck pain, after three months of conservative treatment with neurologic signs or symptoms present. In this case, neurologic signs and symptoms are present. There has been a change in the neurologic exam since the claimant's last MRI. She has been treated appropriately conservatively for at least three months. Therefore, per the Official Disability Guidelines, repeat cervical MRI would be considered medically necessary for this claimant. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned.

Official Disability Guidelines, Treatment in Worker's Comp 16th edition, 2011 Updates

Neck and Upper back Chapter

MRI

Repeat MRI 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)

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)