

# Wren Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Sept/09/2011

**IRO CASE #:**

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

Outpatient 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**

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates: Neck and Upper Back: imaging (MRI)

Peer Reviews 07/29/11, 08/10/11

Dr 11/13/01, 12/07/01, 07/19/11, 07/29/11, 08/11/11

MD Rx 07/21/11

Dr. 1999

Exam notes, 11/4/03, 01/05/04, 05/2005. 03/03/06, 09/01/06, 03/10/08, 04/10/08, 06/11/11

Dr. 1999

Dr. 1999

Dr. 09/28/00

Dr 11/01/00, 12/28/00

Dr. 03/29/01

Dr. 08/17/01

Dr. letter 06/05/02, 04/19/05

Dr. 01/31/05

Dr. 04/07/08, 05/06/08

MRI cervical spine 10/29/99, 06/05/08

CT cervical spine 10/26/99

Letter from claimant 09/15/11

Worker's Compensation Form 03/11/08

Insurance correspondence 09/03/01

Request form 08/18/11

Fax request 07/25/11

**PATIENT CLINICAL HISTORY SUMMARY**

This is a worker who injured his neck in xx/xxxx when he was attacked causing him to fall.

Cervical disc disruption and protrusion C5-6 and C6-7 was initially diagnosed and the claimant underwent an anterior cervical discectomy and fusion with internal fixation and plating in March 1999 followed by revision surgery in October 1999. The claimant continued to report severe neck and left arm pain in 2000 and 2001 despite conservative treatments

under the care of numerous physicians and was noted to be totally disabled in 2002. Mention was made for suspected failure of both surgical levels. A January 2005 physician record noted the claimant with neck pain, arm pain and shoulder pain associated with numbness and tingling in the middle finger bilaterally and taking long acting narcotics. It was noted that the claimant's pain had not changed much. Examination documented cervical and trapezius tenderness, decreased strength in the bilateral upper extremities and decreased sensation distally in the hands. The claimant was unable to work due to chronic and severe neck pain.

Physician records of 2008 revealed the claimant with moderate to severe neck pain with radiation down the bilateral upper extremities. The symptoms were noted to be continuous with exacerbations and with no relief with conservative treatments. A cervical MRI performed on 06/05/08 showed C5 through C7 anterior plate fixation with interbody strut intervening with likely posterior device. Continued severe neck pain and pain radiating down both arms was again noted on a 07/19/11 physician record. Intermittent numbness and tingling of both hands was also reported along with headaches. A review of the 2008 cervical MRI showed no abnormalities with the hardware. An examination noted mid cervical spine tenderness, a stiff posture, sensory decreased in the left upper arm and limited cervical range of motion. X-rays taken 07/19/11 documented findings consistent with a very solid fusion C6- C7 anterior and posterior fusion with a mesh cage and plate and screw system present anteriorly. The impression was chronic neck pain requiring additional evaluation. An updated cervical MRI was recommended and requested.

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

A review of the records provided supports the claimant is a male, with a reported injury to his neck on xx/xx/xxxx. Cervical disc disruption and protrusion C5-6 and C6-7 was initially diagnosed and the claimant underwent an anterior cervical discectomy and fusion with internal fixation and plating in March 1999 followed by revision surgery in October 1999. The claimant saw Dr. on 07/16/11 complaining of severe neck pain radiating to both arms, numbness, tingling in hands. On examination the claimant has tenderness, decreased sensation of upper arms. The X-rays showed post-operative changes and recommended repeat MRI. In this case there is no clear radicular pattern. The claimant's symptoms appear to be consistent with previous symptoms, plus there is no change on X-ray examination. Therefore, I cannot find medical necessity for Outpatient repeat cervical MRI. The previous adverse determinations should be upheld.

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

Magnetic resonance imaging (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)