



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

Original Date: August 10, 2012
Amended Date: August 15, 2012

DATE OF REVIEW: 8/10/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI of Cervical Spine

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

Texas State Licensed MD Board Certified Chiropractor

REVIEW OUTCOME [PROVIDE FOR EACH HEALTH CARE SERVICE IN DISPUTE]

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 7/24/2012
2. Notice of assignment to URA 7/20/2012,
3. Confirmation of Receipt of a Request for a Review by an IRO 7/24/2012
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 7/23/2012
6. Letter to IRO from Liberty Mutual Group 7/24/2012, medical information 7/24/2012, letter from Liberty Mutual Insurance to patient's physician 7/20/2012, appeal information 7/20/2012, letter from Liberty Mutual Insurance to patient's physician 7/19/2012, medical information 7/19/2012, 7/13/2012, letter from Liberty Mutual Insurance to patient's physician 7/6/2012, pre-



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authorization for patient 7/5/2012, medical information 6/28/2012, 5/3/2012, 3/29/2012, 3/19/2012, 3/12/2012, 8/1/2011, 2/14/2011, 1/31/2011.

PATIENT CLINICAL HISTORY:

The patient is a male. Report from the physician dated January 31, 2011 states that the chief complaint is neck pain. Evaluation noted spasm and decreased range of motion. Medications were refilled. Report from physicians dated August 1, 2011 references the occupational injury in xxxx. After a brief evaluation noting diminished range of motion, treatment included medication refill.

Medical report from the patient's physician dated March 19, 2012, was an evaluation for chronic neck and low back pain. Pain radiates to the bilateral lower extremities. Neck pain radiates to the shoulders. Examination of the neck revealed surgical scars. Range of motion was diminished. Musculature was tight including the sternocleidomastoids. Segmental dysfunction was noted at C2 – 3 on the left, right C4 – 5, and C5 – 6. Trigger points were noted in the right upper quadrant. Shoulder examination was essentially normal. Lumbar evaluation revealed loss of lordosis. Range of motion was diminished. Segmental dysfunction was noted at L3 – 4 and L4 – 5. Musculature was tight, morsel on left. Sacroiliac joints were tender to palpation, morsel on the right. Collocation maneuvers produce pain in the sacroiliac joints. Pelvic and hamstring musculature were described as very tight. There was no evidence of nerve root tension signs. The patient was neurologically intact. The treatment plan includes thyroid regulation, medication therapy, ADL instructions, and referral for psychotherapy.

Psychological evaluation dated March 29, 2012 states that the patient presents with situational depression and pain behavior. GAF score was 59. Psychological intervention was recommended.

Report dated May 3, 2012 from his physician was a follow-up. The patient is maintained of medication therapy. Patient was, also, instructed to see a cardiologist and primary care physician for thyroid and cardiac issues. The patient was noncompliant. Pain was rated 4/10. The report states that the patient violated his narcotic contract despite a lengthy discussion.

Report dated June 28, 2012 from his physician states that the provider is assuming care of this patient. The patient has complaints in the neck, shoulders, and low back regions. Pain was rated 9/10. The patient is managed on medication therapy. He is also undergoing psychotherapy. The mechanism of injury was described as a slip and fall incident on a slippery floor. Past medical history includes cervical spine surgery in 1997 and 2002. Examination of the neck revealed surgical scars. Range of motion was restricted in all directions. Palpation noted segmental dysfunction in C4 – 5 and C5 – 6. Trigger points were noted in the right upper quadrant. Shoulder evaluation was essentially unremarkable. Lumbar examination noted flattening of the lordosis. Range of motion was very limited in all planes. Palpation noted segmental dysfunction at L3 – 4 and L4 – 5. Peer spinal muscles were described the type, more prominent on left.



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Sacroiliac joint tenderness was noted, more so on the right. Provocative maneuvers were positive in pain producing in the SI joints. Neurological evaluation was unremarkable. Plan included cervical MRI, medication therapy, thyroid regulation, and psychotherapy.

Report from the patient's physician dated July 19, 2012 states the patient is seen for a follow-up. Complaints include significant neck, shoulder, and low back pain. Symptoms were rated 7/10. The patient was maintained on medication therapy. He is also seen a mental health specialist for psychological counseling. On examination, the patient shows no signs of acute distress. Cervical spine range of motion was described as fairly restricted in all directions. Palpation noted segmental dysfunction at the C4 – 5 and C5 – 6 levels. Trigger points were noted in the right levator scapula and rhomboid musculature. Lumbar examination noted diminished range of motion, especially on extension and lateral bending. Segmental dysfunction was noted at L3 – four and L4 – five. The musculature was tight and more prominent on the left. Sacroiliac joints were tender to palpation, more so on the right. March test reveal segmental dysfunction of the left with less mobility of the joint. Sacral rock/compression test is positive on the right. Gaenslen's test is positive for sacroiliac joint pain bilaterally. Patrick's maneuver is positive for bilateral sacroiliac joint dysfunction. Motor, sensory, and reflects evaluation were all normal. The diagnostic list includes the following:

- Cervical facet dysfunction; postsurgical fusion.
- Cervical radiculopathy.
- Sacroiliac joint dysfunction.
- Situational depression in pain behavior

Plan includes MRI of the cervical spine. The patient will continue on medication therapy, psychotherapy, and monthly follow-ups.

Correspondence from his physician dated July 24, 2012 states that the patient was referred for evaluation and treatment. The presenting complaint was chronic neck and lower back pain that radiates to both lower extremities. The neck radiates to the shoulders bilaterally. The report states that significant pain behaviors and depression was noted. MRI of the cervical spine was recommended.

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

Report from the physician dated July 19, 2012 states that the patient has not had a cervical MRI in years. He, therefore, requested a cervical MRI. The examination was, however, completely void of concordant neurological findings, such as altered sensation in a dermatomal pattern, motor weakness, atrophy, root tension signs, and/or altered reflexes. Sensory changes were noted in a global pattern that was non-anatomic. Report dated July 24, 2012 indicates that the patient has significant pain behavior, as well. There was, also, no evidence emergence of red flags, serious conditions, or significant clinical change. ODG criteria for MRI include chronic neck



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pain after three months of conservative treatment, radiographs normal, neurologic signs or symptoms present. Although this patient is chronic, there was no documentation of radiographs or concordant neurological signs and/or symptoms. Repeat imaging, according to ODG, should be reserved for patients with a significant change in clinical presentation suggesting serious pathology. Records from the physician dated March 19, 2012 through July 24, 2012 failed to document neurological deficits or significant worsening of the patient's condition.

The request for MRI of the cervical spine stimulation trial is not established as medically necessary.

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

- ACOEM- AMERICAN 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)