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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/20/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat MRI of the Cervical Spine

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

M.D., Board Certified Orthopedic Spine Surgeon, Practicing Neurosurgeon

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

Request for IRO dated 01/08/12

Utilization review determination dated 12/09/11

Utilization review determination dated 12/29/11

Clinical records Dr. dated 11/28/11, 05/02/11, 02/16/11, and 10/25/10

MRI lumbar spine dated 11/02/10

MRI cervical spine dated 07/28/10

EMG/NCV study dated 01/03/11

Clinical records Dr. dated 02/23/11, 02/07/11, 01/20/11, and 02/16/10

PATIENT CLINICAL HISTORY SUMMARY

This is a male injured on xx/xx/xx. He has a history of L5-S1 fusion. On the date of his injury he was working in back of truck and tripped and fell about 6 feet landing on his feet. He is reported to have had onset of pain in neck and back. He is noted to have undergone a course of physical therapy and later underwent transforaminal epidural steroid injections on 01/20/11. Post procedurally it was reported he had no reduction in pain by recent bilateral L4 and S1 transforaminal epidural steroid injections. The records include EMG/NCV study of bilateral lower extremities, which were normal and showed no evidence of lumbosacral radiculopathy. The record contains MRIs of lumbar spine dated 11/02/10 and MRI of cervical spine dated 07/28/10. The MRI of cervical spine notes multilevel disc degeneration, spondylosis, deformities and disc bulge noted most markedly involving C4-5 through C7-T1. On extension examination there is increased disc bulge and effacement upon ventral thecal sac and cord noted at C7-T1. There are disc bulges, spondylosis and uncinat process hypertrophy, which contribute to various levels of neural foraminal stenosis appreciated at C4-5, C5-6 and C6-7. There is mild to moderate mass effect on exiting nerve roots associated with findings most prominent at C5-6 level where there is left greater than right

neural foraminal stenosis. Dr. saw the claimant in follow-up. On initial physical examination he presents with obvious list to his back favoring his right side. He has well healed scar at lumbosacral junction. He has spasm along scar more with right side. He has weakness of quads, hamstring, dorsiflexors of right side graded as 4/5. He is areflexic on that side. On examination of upper extremities, he has decreased range of motion of neck, decreased extension, and negative Spurling's sign. There is negative examination of shoulders. When seen in follow-up on 02/16/11 it is reported the claimant has neck and right arm pain radiating to 3rd, 4th and 5th rays. He is reported to have 4/5 weakness in his biceps and triceps and C6-7 sensory changes to light touch. MRI shows foraminal stenosis at C6-7. He was recommended to undergo cervical epidural steroid injections. Records indicate on 05/02/11 the claimant was recommended to undergo nerve conduction studies. The most recent clinic note is dated 11/28/11. The claimant is reported to have neck pain and suffers from weakness in right upper extremity graded as 4+/5 in triceps and biceps with numbness in C6 distribution. He recommends proceeding with a nerve conduction study of the upper extremities and repeat MRI of the cervical spine.

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

This claimant has a history of L5-S1 fusion prior to the date of injury. He is reported to have fallen from the back of a truck landing on both feet developing recurrent back pain and cervical pain radiating into the right upper extremity. The records indicate that the claimant has significant complaints regarding the lumbar spine however lumbar spine. He was referred for EMG/NCV study on 01/03/11, which were noted to be normal, and showed no evidence electrodiagnostic evidence of a lumbar radiculopathy. He has previously undergone imaging of the cervical spine on 07/28/10. The records indicate that the claimant's physical examination findings have been unchanged through the course of his treatment. There is no indication from the records as provided that the claimant has a progressive neurologic deficit. It would be noted that the examinations as documented while providing the necessary information could be more detailed. It was further noted that there is a recommendation for the claimant to undergo EMG/NCV of the upper extremities which most likely would provide additional data to correlate against a previous physical examination and previous imaging study. The reviewer finds that in the absence of documentation of a progressive neurologic deficit, the request for Repeat MRI of the Cervical Spine is not medically necessary.

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 KNOWLEDGBASE
- 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)