

CASEREVIEW

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Notice of Independent Review Decision

DATE OF REVIEW: January 1, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient; repeat MRI with and without contrast, cervical at Diagnostic Health Corporation

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

This physician is Board Certified by American Board of Orthopedic Surgeons with over 40 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

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:

01/12/10: Cross Table Lateral Cervical Spine interpreted by MD
01/12/10: Cervical Spine Series interpreted by MD
01/12/10: Chest Two Views interpreted by MD
01/12/10: Pelvis Two Views interpreted by MD
01/12/10: Lumbar Spine Series interpreted by MD
01/13/10: Right Elbow 4 Views and Right Ribs 4 Views performed at The Medical Center
03/10/10: Initial Medical Report by DC at Medical Healthcare
04/02/10: MRI Lumbar Spine interpreted by MD
05/13/10: MRI Cervical Spine w/3D interpreted by MD
06/07/10: Evaluation report by MD at Orthopedic Group
06/10/10: Report by MD
06/23/10: EMG/NCV Upper Extremities Report by MD
06/24/10: MRI Cervical Spine interpreted by MD
07/14/10: EMG/NCV Upper Extremities Report by MD
07/15/10: Report by MD
08/05/10: Initial Evaluation by MD with Interventional Pain Specialists
08/12/10: Initial Report by MD with United Neurology
09/02/10: Clinical EEG by MD
09/13/10: Procedure Note by MD
09/21/10: Report by MD
12/14/10: Cervical Myelogram interpreted by MD
12/14/10: Cervical CT interpreted by MD
01/06/11: Report by MD
02/15/11: Peer Review by MD
04/26/11: Designated Doctor Report by MD
06/28/11: MRI Right Elbow interpreted by MD
07/07/11: Orthopedic Comprehensive Consultation by MD
11/01/11: Hand written note, doctor unknown
11/14/11: UR performed by MD
12/02/11: UR performed by DC

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was a xxxx when he was trying to open a hydraulic door to the and it pushed back against him causing him to fall on xx/xx/xx. He struck his right elbow and lower back on the steps of the xxxx . The claimant also reported that he hit his head and became unconscious. He was initially treated by Dr. and began physical therapy.

On xx/xx/xx, Cross Table Lateral Cervical Spine revealed normal cross table lateral spine. Cervical Spine Series revealed a normal cervical spine. Chest Two Views revealed no active disease in the chest and there had been no change since May 17, 2008. Pelvis Two Views revealed a normal pelvis. Lumbar Spine Series revealed a transitional L5 vertebra and no acute findings.

On January 13, 2010, Right Elbow 4 Views revealed a normal right elbow and Right Ribs 4 Views revealed normal right ribs.

On March 10, 2010, the claimant was evaluated by DC who reported the claimant had complaints of severe lower back pain and neck pain rated a 9/10 on the VAS scale. On physical examination there was no gross motor loss in the lumbar spine or extremities due to neurological deficit. Active range of motion testing of the lumbar spine was restricted and caused pain. Active range of motion testing of the right elbow was within normal limits. Static palpation revealed tenderness bilaterally from L4 to S1. Dr. diagnosed lumbar disc herniation, lumbar radiculitis, myospasms and myalgia. Palliative physical therapy, medical referral for pain relief assessment, orthopedic consult and a MRI of the lumbar spine were recommended.

On April 2, 2010, MRI of the lumbar spine revealed no apparent disc bulge or herniation. Neural foramina were patent.

On May 13, 2010, MRI of the cervical spine w/3D revealed: 1. Signal alteration within the spinal cord from approximately C3 through C7-T1. Heterogeneous regions of increased T2 signal are noted particularly at C3, C4, C5 and C7 levels. Nonhemorrhagic contusions or myelomalacia could produce this appearance. Demyelinating disorders could also produce this appearance as well. Further characterization utilizing high field MRI of the cervical spine with and without contrast is recommended. 2. Central canal appears small within the upper to mid cervical spine, likely on a congenital/developmental basis. 3. Disc herniations at C3-4 and C6-7 levels.

On June 7, 2010, the claimant was evaluated by MD who found on physical examination of the back, 20 degrees of flexion. There was some pain with straight-leg raising on the left, but no pain on the right. The neck exam showed tenderness in the left trapezius. Axial rotation was reduced to the right and left. He had some decreased sensation in the right and left C6 dermatome. Dr. wanted to personally view the MRI films before making any recommendations.

On June 10, 2010, Dr. reported he had viewed the MRIs and agreed that he be sent for an MRI scan of the cervical spine, with and without contrast, on a high-field unit with a 1.5 tesla magnet.

On June 23, 2010, EMG/NCV of the upper extremities revealed: 1. At this time the electrodiagnostic evidence is most consistent with a cervical radiculopathy primarily affecting the right C5 and C6 nerve roots. 2. There is also evidence consistent with a neuropathy affecting the right median motor and sensory nerves localized at the wrist and palm segments.

On June 24, 2010, MRI of the cervical spine revealed: 1. Syrinx of the cord extending from about the level of C3 through C5. 2. Mild loss of hydration of nucleus pulposus from the level of C2-3 through the C6-7 level. Also at the C3-4 level, there is minimal

subligamentous bulging of the disc, and minimal impaction on the thecal sac without evidence of cord impaction at this level.

On July 14, 2010, EMG/NCV of the lower extremities revealed: At this time the electrodiagnostic evidence is most consistent with a possible lumbar radiculopathy affecting the left L5 nerve root, which was indicated by the absent peroneal f-wave. However, there were no findings on needle EMG which would make this a more definite diagnosis.

On July 15, 2010, the claimant was re-evaluated by, MD who found on physical examination decreased range of motion of the cervical spine; left rotation was 60 degrees and right rotation was 30 degrees. There was normal strength in the rhomboids, deltoids, biceps, triceps, wrist flexors, and wrist extensors. He continued to have some decreased sensation in the right and left C6 dermatome. Dr. explained that he felt the claimant's neurologic symptoms were related to the syrinx rather than to a disc herniation and recommended evaluation by a neurologist.

On August 12, 2010, the claimant was evaluated at United Neurology by MD who diagnosed Post traumatic headaches/migraines, post concussion syndrome, and cervical radiculopathy need to rule out herniated disc. Dr. prescribed Topamax, Inderal, Neurontin, and Amrix.

On September 2, 2010, EEG was interpreted as remarkable for sharp waves.

On September 13, 2010, Procedure Note by, MD. Post-procedure diagnosis: Cervical disc displacement. Procedures: 1. Cervical epidural steroid injection. 2. Fluoroscopic guidance for the above procedure.

On December 14, 2010, Cervical Myelogram and CT Scan revealed: 1. Anteroposterior dimension of bony spinal canal is at the lower limits of normal or mildly narrowed throughout the cervical spine. 2. C3-4 shows a 3mm broad-based posterocentral disc protrusion indenting and slightly posterior displacing cervical cord. Mild/moderate central canal narrowing results. There is no cord compression against posterior elements. 3. C4-5 shows a 2-3 mm posterior board-based disc bulge/protrusion abutting or mildly encroaching on ventral cord with mild narrowing of subarachnoid space. AND: 1. Developmental anteroposterior narrowing of bony spinal canal and subarachnoid space in the cervical spine particularly behind the C3 and C4 levels, and to a lesser degree behind C5 and C6 levels. 2. C3-4 shows mild ventral extradural defect mildly encroaching upon cord with mild to moderate narrowing subarachnoid space. 3. Also noted are mild ventral extradural defects at C5-6 and C6-7 levels not encroaching upon cord. There is only mild narrowing of subarachnoid space at these levels. There is underfilling of both C6 and C7 nerve root sleeves.

On July 7, 2011, the claimant was evaluated by MD for chief complaints of lower and upper back pain. On physical examination his neck was supple, he had decreased range of motion and was positive for spasm. Dr. diagnosed lumbar disc herniation,

lumbar radiculopathy, cervical disc herniation and cervical radiculopathy. Dr. recommended continuing active passive modalities 3 times a week and that he was a candidate for Chronic Pain Management Program.

On November 1, 2011, there is a hand written note indicating an order for Cervical MRI with contrast due to an increase in neurological findings of left upper extremity, including an increase in pain and numbness in the C6 dermatome.

On November 14, 2011, MD performed a UR on the claimant. Rationale for Denial: The ODG indicates a repeat MRI would not be routinely recommended. This is reserved for a significant change in symptoms or findings suggestive of significant pathology. The claimant has undergone a previous CT myelogram and MRI. A Designated Doctor Examination documented no evidence of radiculopathy. A repeat MRI would not be supported.

On December 2, 2011, Jason Fuller, DC performed a UR on the claimant. Rationale for Denial: First the patient has already had two cervical MRI scans and done CT/Myelogram. The records fail to suggest a third MRI will reveal any architectural disturbances that would change treatment or planning. Second, the records supplied do not outline clinical findings required by the ODG for repeat MRI. The guideline recommends repeat MRI should be reserved for a significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. Simply stating the patient has "increase neurologic findings" including "numbness and pain" fails to justify repeat advanced imaging.

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

The previous decisions have been upheld. There are no significant changes in his symptoms or well documented findings of an increase in neurological findings. The repeat MRI would not add anything to his diagnosis or treatment plan. Based on the above reasoning and review of the documents provided, the request for a repeat Cervical MRI does not meet ODG criteria.

ODG:

Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. 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). ([Anderson, 2000](#)) ([ACR, 2002](#)) See also [ACR Appropriateness Criteria](#)TM. MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery. MRI is the test of choice for patients who have had prior back surgery. ([Bigos, 1999](#)) ([Bey, 1998](#)) ([Volle, 2001](#)) ([Singh, 2001](#)) ([Colorado, 2001](#)) For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should

undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. ([Daffner, 2000](#)) ([Bono, 2007](#))

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- 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)**