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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/17/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

outpatient repeat MRI of the cervical spine with and without contrast and repeat EMG/NCS of the left upper extremity (LUE)

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

M.D., Board Certified Neurological Surgery

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds medical necessity exists for the requested outpatient repeat MRI of the cervical spine with and without contrast and repeat EMG/NCS of the left upper extremity (LUE).

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 05/30/12

Utilization review determination dated 06/25/12

Clinical records Dr. 08/22/11-05/07/12

Healthcare System Emergency Department, 7/26/11

Operative report dated 07/26/11

Clinical records Dr. 11/15/11

CT of cervical spine dated 07/26/11

CT lumbar spine dated 07/26/11

CT of brain dated 07/26/11

Radiographic report cervical spine 07/26/11

Radiographic report cervical spine dated 07/27/11

CT cervical spine dated 07/28/11

CT brain dated 07/28/11

CT cervical spine dated 08/02/11

MRI left shoulder dated 09/02/11

MRI left shoulder dated 09/02/11

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was involved in motor vehicle accident on xx/xx/xx. He was taken to Healthcare System Emergency Department on the date of injury. CT of cervical spine notes multiple cervical spine fractures including left C4 facet fracture, left C5 pedicle lamina fracture with smaller component involving lamina facet junction. Left transverse process fractures at C5, C6 and C7 are noted. There is anterior subluxation of C5 in respect to C6. The bone fragment involving superior aspect of left lamina of C5 projects into posterior lateral aspect of spinal canal approximately 2.7 mm. There is a first left rib fracture. There is slight soft tissue density posteriorly to the C5 vertebral body, which may represent hematoma. CT of brain notes no evidence of acute brain injury. There is diffuse soft tissue swelling present involving right sided scalp of vertex with more focal area involving

left occipital scalp region. Records indicate the claimant had ACDF at C5-6. On 08/22/11 the claimant was seen in follow-up by Dr..

He is noted to be status post ACDF at C5-6 with posterior stabilization from C4-6 on right and decompression on left from C4-6. He is noted to have continued profound left shoulder weakness as well as mild weakness of handgrips, biceps and triceps. He complains of numbness and tingling in left upper arm. Cervical radiographs are reported to indicate more angulation of C6-7 level. The claimant was continued in aspen collar and recommended to undergo additional studies, which included MRI of the shoulder on 09/02/11. This study notes a focal area of signal change versus artifact in cord at C4-5 on left. There is normal appearance of canal at operating levels. MRI of left shoulder notes trace of fluid lateral to cuff insertion but no evidence of cuff tear or retraction. The claimant was seen in follow-up on 09/22/11. It is noted the claimant's deficit continues to improve. Dr. opines the claimant's imaging studies represent C5 root trauma or cord injury from fracture dislocation. The claimant was seen in follow-up on 11/07/11. He is noted to still have some weakness and tingling in 4th and 5th digits of right hand. He is noted to be tender over the ulnar nerve. He is recommended to undergo EMG/NCV studies. The claimant was seen in follow-up on 05/07/12 at which time it is noted the weakness in abduction of his left arm is now approximately 80% returned. The strength in his hand is still improving. It is recommended he undergo EMG/NCS and repeat MRI to see how spinal cord is responding. The record includes an EMG/NCV study dated 11/15/11. This study was noted to be abnormal. There is electrodiagnostic evidence of fairly global C5-8/T1 radiculopathy, which is severe and largely acute. It is noted that there was no electrodiagnostic evidence of a left media neuropathy across the forearm or wrist or evidence of a left ulnar neuropathy across the elbow, wrist, or forearm. The initial review was performed on 05/30/12 by Dr.. Dr. non-certified the request noting that there was no progression of a neurologic deficit and that the clinical record provided does not define a specific neurologic deficit. A subsequent appeal request was performed on 06/25/12 by Dr.. Dr. non-certified the request noting that repeat MRIs are only indicated if there has been a progression of a neurologic deficit and notes that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy.

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

The submitted clinical records indicate that the claimant is a male who sustained significant and near catastrophic fractures of the cervical spine on the date of injury. The claimant has undergone an ACDF at C5-6 and continues to have residuals. Interval imaging suggests presence of potential cord injury at the C5-6 level and EMG/NCV study notes evidence of global pathology in the C5 through C8-T1 dermatomes on the left. The requests are clearly medically necessary to evaluate whether there has been progression or resolution of a potential cord injury and further to assess if neurologic recovery is occurring. These requests in the context of the claimant's injury and surgical history would be supported under Official Disability Guidelines. As such, the reviewer finds medical necessity exists for the requested outpatient repeat MRI of the cervical spine with and without contrast and repeat EMG/NCS of the left upper extremity (LUE).

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)