

# AccuReview

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## Notice of Independent Review Decision

**[Date notice sent to all parties]:** September 11, 2012

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

MRIs of the Cervical Spine and both Shoulders, as an outpatient

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

This physician is Board Certified Orthopedic Surgeon 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 medical necessity exists for each of the health care services in dispute.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

06-21-12: Office visit dictated by DC  
06-26-12: Office visit dictated by DC  
06-29-12: UR performed by MD  
07-03-12: Office note dictated by DC  
07-09-12: UR performed by DC  
08-13-12: Office visit dictated by DC

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a woman that was injured while on the job on xx/xx/xx.

06-21-12: Office visit dictated by DC. Claimant presented with chronic tendonitis in elbows, hands, and shoulders. Chronic muscle spasms in upper back as a result of xx/xx/xx work related claim 75-100% of the time. Previous recommendations: Claimant received injections with relief for 5-7 days. Pain has returned with a focus of pain on the left shoulder; examination of left shoulder revealed associated left shoulder rotator cuff syndrome. A review of the records showed that a MRI in 2001 was suspicious of partial or full thickness tear of the

left rotator cuff. Her presentation would be indicative of the chronic pain associated with a dysfunctional injured left rotator cuff. Recommend a new MRI of the left shoulder to determine full thickness tear. Current Recommendations: Claimant has been taking Flexeril to help with muscle spasms (TID PRN). Claimant complains of pain going down both arms causing numbness and weakness; worse on the left. Claimant instructed to use her home tens units on the shoulder and arms. Pain and weakness in her arms are causing much interference at work and personal life: dressing, bathing, grooming, driving, cleaning and mopping with very limited activity that also causes moderate discomfort while sleeping. Recommend that a new MRI of both shoulders and cervical spine be taken to assess the need for proper treatment and pathology. Claimant appears to have been exacerbated with weakness dropping small and larger items without event.

06-29-12: UR performed by MD. Reason for denial: The claimant was evaluated by Dr. on 6/26/12 and 6/21/12. Her examination show that she was complaining of pain in both upper extremities. She had pain and weakness in both arms which were not quantified. There was no detailed examination of the upper extremities or shoulder to indicate evidence of internal derangement or radiculopathy that required MRI scanning at this time. There was no indication of conservative care to date. It is noted that she had a previous MRI scan of the left shoulder which showed some evidence of rotator cuff tendonitis. This MRI scan however was done in 2001. Based on the lack of adequate documentation and medical rationale to support the requests, the requests are recommended for non-certification as medically not necessary or appropriate. It is also noted there are no plain film x-rays of either the cervical spine or the shoulders.

07-03-12: Office visit dictated by DC. Claimant is having radiation pain down her left arm effecting muscle strength and sensation and reflex in the C6-C5-C4 dermatomes. Compression test on right and left lateral forward flexion is positive for pain and radiation. Physical exam: C/O constant sharp, stabbing 7/10 pain in left and right arms and neck. Abnormalities and decreased mobility noted in AROM and PROM of cervical bilateral flexion, extension, bending and rotation. Patient subjective progress report: Claimant rated response to treatment as gradually worsening with severe difficulty operating left arm normally. She stated she is on light duty at work only performing about 20% of her normal with complaints of severe discomfort and severe limitations (can't even swim).

07-09-12: UR performed by DC. Reason for denial: Dr. noted on 7/3/12 that the claimant had received injections from Dr. office. She had relief for five to seven days. The pain returned with a focus pain on the left shoulder. Examination of the shoulder revealed associated left shoulder rotator cuff syndrome. A review of records showed that in 2001 she had an MRI, which showed tendonitis. The claimant is using medications to help with her muscle spasms. He notes that her symptoms were exacerbated including hand and arm weakness causing her to drop small or large items. Examination on date 6/21/12 and 6/26/12 did not mention anything about hand weakness or the dropping of items. There are

insufficient clinical findings to show the necessity for documented neurologic testing. The guidelines recommend the repeat MRIs should be done if symptoms are progressively getting worse after plain films. There have been no plain films documented of either the cervical spine or the bilateral shoulders. An MRI would be warranted if there are neurologic deficits increasing at a rapid pace. There is no evidence of this objectively. Therefore, the request for reconsideration of MRI to the cervical spine and bilateral shoulders is recommended for non-certification.

08-13-12: Office visit dictated by DC. Upper extremity exam: Left deltoid palpated deep tenderness 9/10 on a pain scale, deltoid weakness on upon lateral extension 2/5, forward flexion bicep 2/5, internal rotation and external rotation 3/5 respectively. Recent history of dropping a coffee mug and not having the power to turn a door knob and pull it open. Left wrist pain on palpation on forearm and wrist in the C6, C5, and C7 dermatomes areas decreased sensation in these same areas with light touch and hypo active reflex +2 in same areas. Weakness in wrist extension 3/5 with pain and weakness 3/5 wrist flexion. Right deltoid and supraspinatus rhomboids and peck insertion on the coracoids process all palpated tender 8/10 on a pain scale. Right shoulder deltoid power loss lateral extension 2/5, biceps flexion 3/5, grip strength 3/5. Bicep, triceps and brachioradialis reflexes diminished +2 hypo reflexes. All range of motion tested created radiation pain into her neck and hands. Plain films of cervical spine show disc degeneration, spondylosis and of C5, C6. Moderate to severe loss of cervical lordotic curvature. Conservative Care History: "It is my opinion that her condition was stable and stationary from June 1, 2011 to May 17, 2012 largely due to the facet injection from Dr.. From May 17, 2012 to August 13, 2012, the claimant's symptoms have consistently and rapidly worsened to include severe radicular symptoms, weakness and various neurological findings."

Recent pre-authorization for cervical facet injections, which gave the claimant relief for more than 10 months, were denied. Physical therapy was denied due to having therapy in the past. The conservative care options remaining were to continue on her prescription pain medications and offer home remedies and encouraged her to stretch and take off as much work as possible and avoid lifting. Recommendations: MRI of the cervical spine to evaluate disc herniation; MRI of both shoulders to evaluate complete or partial tears of the rotator cuff tendons; facet injections to reduce pain to increase her quality of life.

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

I agree/uphold the previous decisions to deny services as previous reviewers' determinations by Dr. and Dr.. The history does not relate to the type of injury that occurred at time of injury. Initially the claimant had symptoms of chronic tendonitis of elbows, hands, upper back and muscle spasms. A MRI of the cervical spine and both shoulders without knowledge of how the claimant was injured and without any specific localizing signs, with vague signs and symptoms including back, neck, both arms, shoulders, and hands pain would be hard to imagine being related to rotator cuff injury or a specific cervical spine injury. This request for imagining is not medically necessary. Therefore, after reviewing the

medical records and documentation provided, the request for MRIs of the Cervical Spine and both Shoulders, as an outpatient is denied.

Per ODG:

Magnetic resonance imaging (MRI)	<p><b>Indications for imaging -- Magnetic resonance imaging (MRI):</b></p> <ul style="list-style-type: none"> <li>- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs</li> <li>- Subacute shoulder pain, suspect instability/labral tear</li> <li>- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)</li> </ul>
Magnetic resonance imaging (MRI)	<p><b>Indications for imaging -- MRI (magnetic resonance imaging):</b></p> <ul style="list-style-type: none"> <li>- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present</li> <li>- Neck pain with radiculopathy if severe or progressive neurologic deficit</li> <li>- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present</li> <li>- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present</li> <li>- Chronic neck pain, radiographs show bone or disc margin destruction</li> <li>- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"</li> <li>- Known cervical spine trauma: equivocal or positive plain films with neurological deficit</li> <li>- Upper back/thoracic spine trauma with neurological deficit</li> </ul>

**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)