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Notice of Independent Review Decision

**Date notice sent to all parties:** 11/04/13

**IRO CASE #:**

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

MRI of the cervical spine without contrast

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

Board Certified in Orthopedic Surgery  
Fellowship Trained in Spinal 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 of the health care services in dispute.

MRI of the cervical spine without contrast - Upheld

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

MRI of the lumbar spine dated 01/22/13  
EMG/NCV study of the bilateral extremities dated 06/24/13  
Report dated 09/17/13  
Lumbar MRI scan review dated 09/18/13

Preauthorization request dated 09/30/13

Notices of Utilization Review Findings dated 10/04/13 and 10/16/13

The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

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

The lumbar MRI dated 01/22/13 revealed a 3.5 mm central disc protrusion with compression of the ventral margin of the thecal sac. There was a 3 to 4 mm. left paracentral disc protrusion at L4-L5 with compression of the ventral margin of the thecal sac. The EMG/NCV study dated 06/24/13 revealed electrodiagnostic evidence of a left sided L5 radiculopathy and irritation along the L5 nerve root on the right. The extent of disease was difficult to assess secondary to concordant neuropathy and limitations of the proximal muscle evaluation, which was not tolerated well by the patient. There was also evidence of sensorimotor peripheral neuropathy of the bilateral lower extremities. In the review of symptoms, it was noted the patient admitted to bowel and bladder incontinence. He was also noted to have hypertension, diabetes, and three cardiac stents. examined the patient on 09/17/13. The MRI and EMG/NCV study were reviewed. He was injured on xx/xx/xx and his chief complaint from that was back and leg pain. He had primarily neck pain and left upper extremity numbness and tingling. It was noted this was under dispute by the insurance carrier. It was noted a BRC was pending on the issue. X-rays of the pelvis revealed the hips without degenerative joint disease and the SI joints without sclerosis or focal findings. X-rays of the lumbar spine in flexion and extension revealed no fracture, dislocation, or clinical instability. There was a positive spring test at the interiliac crest line, but no paravertebral tenderness. There was sciatic notch tenderness on the left and a positive flip test on the left. He had absent posterior tibial tendon jerks bilaterally and he also had paresthesias in the L5 nerve root distribution on the left. No gross motor deficits were noted. The assessment was left L5 radiculopathy with a herniated nucleus pulposus at L4-L5 with failure of conservative treatment. stated the patient had two options, which was to accept his disability and move forward or to proceed with a decompression and discectomy at L4-L5. Provocative discography with post discogram CT scan was recommended for the lumbar spine. An MRI of the cervical spine was ordered to make sure he had no contributing factors from his cervical spine, including possible myelopathy. On 09/18/13, stated his interpretation of the MRI revealed L2-L3 and L4-L5 non-contained disc herniation, stage III, with annular herniation, nuclear extrusion, and spinal stenosis. On 09/30/13, provided a preauthorization request for a cervical MRI without contrast. On 10/04/13, provided a non-authorization determination for the requested cervical MRI without contrast. On 10/16/13, provided a non-authorization for the requested cervical MRI without contrast.

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

performed electrodiagnostic testing on 06/24/13 and examined the patient. The patient did not have any evidence of long track signs or any evidence of cervical myelopathy at that time. The patient was diagnosed as having lumbar radiculopathy. The patient was examined on 09/17/13, at which time noted that the patient had neck and upper extremity issues, but did not comment upon them. The patient had a positive straight leg raising sign, but no evidence of any long track signs. apparently recommended a cervical MRI to make sure there was not a contributing factor from the cervical spine to include possible myelopathy.

There are no subjective complaints or objective physical examination findings in the documentation reviewed that would be suspicious for myelopathy or other issues stemming from the cervical spine. The patient does not meet the criteria noted in the ODG, which are only for chronic neck pain (after three months of conservative treatment), radiculopathy, or positive neurological signs. In the absence of neurological signs or symptoms referable to the cervical spine, at the current time a cervical MRI is not appropriate. Therefore, the requested MRI of the cervical spine without contrast is neither reasonable nor medically necessary and the previous adverse determinations should be upheld at this time.

**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)