

## IRO REVIEWER REPORT TEMPLATE -WC

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Notice of Independent Review Decision

**[Date notice sent to all parties]:**

**04/05/2013**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** cervical spine MRI

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

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:**

Independent medical evaluation 12/12/11 and 12/21/11  
Rebuttal letter 02/01/12  
MRI cervical spine 02/21/12  
CT myelogram cervical spine 02/21/12  
Clinical record 02/27/12  
Clinical record 04/02/12 and 05/29/12  
Prior reviews undated regarding MRI cervical spine

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

The patient is a female who had undergone prior cervical fusion from C5 to C7. recommended the patient for selective nerve root blocks bilaterally at C3-4 followed by bilateral selective nerve root blocks at C4-5 if the patient failed to respond to the initial set of injections. The patient was seen on 04/02/12 with complaints of increasing pain in the cervical spine. Physical examination at this visit reported tenderness to palpation at the cervical facets with pain on rotation and extension. Spurling sign continued to be positive at the neck. The patient was recommended to continue with medications including Percocet, Phenergan, and Zanaflex. Selective nerve root blocks were planned at C3-4. Follow up on 05/29/12 reported that the patient continued to have pain in the cervical spine over the C5 through C7 levels. Selective nerve root blocks had not yet been performed based on this report. There appeared to have been a request for an MRI of the cervical spine which was non-certified on utilization review. Her report indicated that there was no evidence of progression of neurological deficits to support the request for repeat MRI studies of the cervical spine. The request for MRI of the cervical spine was again denied by utilization review and indicated that there was no new objective finding to support MRI of the cervical spine.

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

The clinical documentation provided indicated that there was continuing pain over the cervical facets and the patient was recommended for additional selective nerve root blocks to identify pain generators. There was no objective evidence on exams of any progressively worsening neurological deficits that would reasonably support updated MRI of the cervical spine. Additionally, given the extensive hardware present in the cervical spine, there is likely and there would likely be extensive artifacts that would limit the effectiveness of a new MRI study. Also, there are no updated clinical records regarding the current clinical status of the patient to support MRI studies of the cervical spine at this time. As the clinical documentation provided for review does not meet guideline recommendations regarding repeat MRI studies of the cervical spine, it is the opinion of this reviewer that medical necessity is not established.

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### A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE  
IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINE

Official Disability Guidelines, Online Version, Neck & Upper Back Chapter

**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