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Notice of Independent Review Decision

[Date notice sent to all parties]:

08/12/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: MRI 7/10/2013

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

Board Certified Family Practice

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:

MRI of the cervical spine dated 07/08/10
Clinical reports dated 02/15/13 – 06/18/13
Designated doctor evaluation dated 11/02/12
Previous reviews dated 05/21/13 – 07/16/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. The patient did report loss of consciousness. Following the injury, the patient was followed for complaints of neck pain and prior MRI studies of the cervical spine from July of 2010 showed high signal intensity at C5-6 representing a possible annular tear. Otherwise, no pertinent findings were noted. No further treatment was recommended by an independent medical evaluation from November of 2012. The clinical report on 02/15/13 indicated that the patient was having complaints of back pain radiating to

the right shoulder blade and neck. The patient's physical examination demonstrated tenderness to the right paraspinals. No upper extremity weakness was identified. The patient was prescribed Vicodin and Flexeril at this visit. The patient continued to report complaints of neck pain on 05/14/13. No neurological deficits were noted on physical examination. The patient was recommended for MRI studies of the cervical and thoracic spine. Follow up on 06/18/13 still did not show any upper extremity weakness or reflex changes. The patient was again recommended for MRI studies of the cervical and thoracic spine.

The request for a cervical and thoracic MRI was denied by utilization review on 07/01/13 as there were no neurological deficits noted on physical examination.

Due to the lack of neurological findings on physical examination, the requested MRI studies of the cervical and thoracic spine were again denied by utilization review on 07/16/13.

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

The patient has undergone extensive treatment for a blunt trauma injury to the face. Prior imaging of the cervical spine was unremarkable and the patient has not presented with any objective evidence of new or progressively severe neurological deficits. Current evidence based guidelines do not recommend routine repeat imaging of the cervical spine without evidence of progressively worsening or new onset of neurological findings. As the patient's objective findings lack positive findings for neurological deficit, it is this reviewer's opinion that medical necessity is not established in this case based on guideline recommendations.

IRO REVIEWER REPORT TEMPLATE -WC

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 GUIDELINES

MRI

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™](#). 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