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Notice of Independent Review Decision

DATE OF REVIEW: 7/22/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of CT of Cervical Spine and MRI of Cervical Spine

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

The reviewer is a Medical Doctor who is board certified in orthopaedic.

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)

The reviewer agrees with the previous adverse determination regarding the MRI of Cervical Spine.

The reviewer disagrees with the previous adverse determination regarding the CT of Cervical Spine.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):

Records reviewed:

Office visit notes 4/26/2013, 5/15/2013

Records reviewed:
Determination Letter
Adverse determination letter

Records reviewed:
Emergency Room Visit xx/xx/xx
Department of Insurance Complaint Letter 3/26/2013

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The male was involved in a motor vehicle. The injury occurred while working. Ongoing neck pain including as noted on 4-26-13 and 5-15-13 was documented. On 4-26-13 it was noted that the "fusion appears to have occurred at C5-C7." However on 5-15-13, it was noted that "we are going to get a CT scan to assess fusion.. considering exploration.. with revision of hardware." History revealed revealed that there was a prior cervical spine surgery. Exam findings included a negative axial compression. There was cervical spine tenderness of the bony processes. There was some limited cervical range of motion reportedly attributable to pain. The neurologic examination was noted to be intact. X-rays reportedly showed a screw at the C7 level that was loose and/or had migrated. Denial letters noted that there was a lack of documentation of severe and/or progressive neurologic deficit. A letter from the claimant reflecting the reported the lack of cervical spine x-rays in the emergency room post MVA.

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

Opinion: Overturn (Certify CT scan); Uphold (Non Certify MRI scan)

Rationale: Fusion of the cervical spine is not fully established, in light of the persistently increased neck pain and malposition of the screw. Therefore, guidelines for cervical spine trauma support the CT scan due to the positive plain films without associated clinical neurologic deficit. However, without evidence of clinical instability and with already noted abnormal screw position on x-rays (and without severe or progressive neuro. deficit or symptoms of same), the cervical MRI request does not meet guideline criteria and is not therefore considered medically reasonable or necessary at this time.

Reference: ODG Cervical Spine

Indications for imaging -- CT (computed tomography):

- Suspected cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet
- Suspected cervical spine trauma, unconscious
- Suspected cervical spine trauma, impaired sensorium (including alcohol and/or drugs)
- Known cervical spine trauma: severe pain, normal plain films, no neurological deficit
- Known cervical spine trauma: equivocal or positive plain films, no neurological deficit
- Known cervical spine trauma: equivocal or positive plain films with neurological deficit

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

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)