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Notice of Independent Review Decision

Date notice sent to all parties: 09/03/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical MRI 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:

X 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.

Cervical MRI without contrast - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Reports dated 01/30/13, 03/07/13, 03/28/13, 04/25/13, 05/01/13, 05/22/13, 06/19/13, 07/10/13, and 08/07/13
Orders for cervical MRI dated 06/19/13, 07/10/13, and 08/07/13

Notices of Preauthorization from Services Corporation dated 06/27/13 and 07/20/13
Fax cover sheets to the MRI department dated 08/07/13 and 08/09/13
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

On 01/30/13 examined the patient initially. She injured herself on xx/xx/xx. She complained of sharp and shooting pain in her lower back and neck with radiation into her right hip. He pain was worse in the low back and right hip. She had weakness in her right leg and left arm numbness and tingling. She had undergone MRIs of the lumbar and cervical spines. Her current medications here Benadryl, Estrogen, Atorvastatin, Naproxen, and Cyclobenzaprine. She was 63 inches tall and weighed 185 pounds. Motor strength was 5/5 in the bilateral upper and lower extremities and sensation was normal, as well. She had marked pain in the right trochanteric bursa and it was mild on the left. Cervical range of motion was normal and did not reproduce radiculopathic symptoms. There was tenderness or spasm to palpation. Range of motion was mildly limited in the lumbar spine and she could toe and heel walk. Straight leg raising did not reproduce radiculopathy. The "problems added" were diagnosis of herniated lumbar disc, diagnosis of hip bursitis, diagnosis of lumbosacral spine degenerative disc disease, and a diagnosis of asthma. The impressions were herniated lumbar disc and hip bursitis. It appeared her medications were refilled and a right trochanteric injection was performed. On 03/07/13 prescribed Naprosyn, Flexeril, and Norco. Examination was essentially unchanged, except it was now noted that straight leg raising produced a mild radiculopathy. The lumbar MRI was requested for review. On 03/28/13, reviewed the 12/20/12 lumbar MRI. It revealed L5-S1 moderate narrowing and desiccation of the interspace with moderate bulge that contacted the nerve roots of S1 bilaterally, more marked on the left than the right. On 04/25/13, the patient informed that her injections started helping decrease her pain by 50% three days prior. She denied any leg numbness, tingling, or weakness. She stated she was doing quite well as far as the cervical spine was concerned. She was working full time. Neurological examination was within normal limits. The cervical spine was within normal limits with normal range of motion and no tenderness or spasms. Lumbar range of motion remained limited, but she could toe and heel walk. Straight leg raising did not reproduce radiculopathy. On 05/22/13, the patient had worsening pain in the lumbar spine for the last two weeks, possibly related to weather changes. She had popping in her lower back with bending forward or backward. She had numbness and tingling in both legs and feet and denied any leg pain or weakness. She felt the Cortisone injection helped her symptoms by 50%. She was interested in another injection prior to a final work-up and referral for surgery. Her right sided pain was more prominent than the left, but it was present bilaterally. The cervical spine was unchanged and normal. She had limited range of motion in the lumbar spine and straight leg raising reproduced radiculopathy. Ultram, Naprosyn, and Flexeril were refilled. A steroid injection at L4-L5 and L5-S1 was ordered. On

06/19/13, the patient complained of constant right scapular pain with numbness in both arms and hands with weakness in both hands. She stated at times, it felt like she was dragging her right foot due to weakness. She had paresthesias that went from the cervical spine to the upper extremities. Neurological examination was unchanged. Cervical range of motion was now limited and reproduced radiculopathy with numbness that went to the all of the fingers bilaterally. There was tenderness and spasm to palpation. The "problem added" was cervical radiculopathy. A cervical MRI was requested. On 06/27/13 provided a notice of non-authorization for the requested cervical MRI. On 07/10/13, the patient returned to. Her complaints and examination were essentially unchanged. The diagnoses were cervical radiculopathy and herniated lumbar disc. The cervical MRI was again requested. provided another note on 07/10/13 stating the patient continued with severe radiculopathy in the upper extremities and her last physical therapy was in December 2012 without improvement. He felt she required the cervical MRI. On 07/20/13 provided another notice of non-authorization for the requested cervical MRI. The patient returned on 08/07/13. She had numbness and tingling in the right arm, hand, right leg, and right foot with weakness of the right arm and leg. She continued with interscapular pain, more marked on the right, with radiation of pain into the upper extremities with associated paresthesias. Her neurological and musculoskeletal examinations were unchanged. It was noted in the lumbar spine straight leg raising caused radiculopathy, more so on the right than the left. Ultram, Naprosyn, and full duty were continued, as well as a home exercise program. The cervical MRI was again requested. A TENS unit rental for one month was also recommended.

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

According to the ODG, there must be a clear radicular pattern and problem for a cervical MRI to be reasonable or necessary. uses the word radiculopathy; however, he does not describe an objectively supported radicular process. He states the patient complains of numbness, yet his sensory examination is normal. He describes normal reflexes and a normal motor examination. By definition, the patient does not have radiculopathy. Therefore, the requested cervical MRI without contrast is not reasonable, medically necessary, or in accordance with the recommendations of the ODG 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**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- X **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)**