



14785 Preston Road, Suite 550 | Dallas, Texas 75254  
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## Notice of Independent Review Decision

**DATE OF REVIEW: 11/04/2014**

**IRO CASE #**

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

MRI Cervical Spine w/o Dye.

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

**M.D. Board Certified in Occupational Medicine.**

**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)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient is a male who has filed a claim for chronic neck pain reportedly associated with an industrial motor vehicle accident (MVA) of xx/xx/xx. Thus far, he has been treated with the following: Analgesic medications; earlier cervical MRI imaging of May 31, 2012, notable for diffuse degenerative changes, arthritic changes, and multilevel neuroforaminal stenosis, and cervical spinal stenosis with evidence of ventral thecal sac indentation at C5-C6; electrodiagnostic testing of September 5, 2012 notable for right C5 radiculopathy; unsuccessful cervical epidural steroid injection therapy; and transfer of care to and from various providers in various specialties. In Utilization Review Reports dated October 11, 2014 and October 2, 2014, the claims administrator denied a request for cervical MRI imaging. The applicant subsequently appealed. In an August 26, 2014 clinical progress note, the patient reported persistent complaints of neck pain, shoulder pain, and headaches with some radiation of the neck pain to the right arm. Introduction of Neurontin had diminished some of his radicular complaints; however, the patient's radicular complaints were persistent despite ongoing usage of both Neurontin and Pamelor. 4/5 right upper extremity strength was noted versus 5/5 left upper extremity strength. It was acknowledged that the patient was not working as his employer was unable to accommodate his restrictions. The attending provider explicitly stated that the patient's radiculopathy was worsening.



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

Per ODG references, the requested "MRI Cervical Spine W/O Dye" is medically necessary. As noted in ODG's neck and upper back chapter MRI imaging topic, repeat MRI imaging should be reserved for patients who have a "significant change in symptoms" and/or have findings suggestive of significant pathology. In this case, the patient does have a significant deterioration in ongoing cervical radicular complaints of neck pain radiating to the right arm. The patient has a history of an electrodiagnostically confirmed radiculopathy, which has proven recalcitrant to time, medications, physical therapy, adjuvant medications, and epidural steroid injection therapy. Given the failure of various nonoperative treatments and seemingly worsening radicular complaints and radicular signs including right upper extremity weakness noted on the most recent office visit, obtaining the cervical MRI imaging is indicated and medically necessary.

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

- 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