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Notice of Independent Review Decision

Date notice sent to all parties:

March 26, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI Cervical without contrast

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his neck and both shoulders on xx/xx/xx. The patient developed symptoms involving bilateral shoulder and cervical region pain. The MRI of the cervical spine dated 04/16/09 revealed degenerative disc disease as well as a straightening of the normal lordosis. A mild diffused disc bulge was identified at C3-4, C4-5, C5-6, and C6-7. The MRI of the cervical spine dated 08/30/10 revealed small disc osteophyte complexes with canal stenosis at C3-4. The clinical note dated 07/19/13 indicates the patient continuing with bilateral shoulder pain. The patient rated the pain as 8/10. The clinical note dated 08/19/13

indicates the patient having complaints of tingling at the left and fingers. Upon exam, no crepitus was identified in the cervical region. The clinical note dated 12/16/13 indicates the patient having an increase in pain to both shoulders. Radiating pain was identified from the cervical region into the left arm and hand with paresthesia noted at the , , and fingers. The clinical note dated 01/20/14 indicates the patient unable to grip with the left upper extremity. The patient reported a tingling and burning sensation. The note mentions the patient utilizing Norco, Flexeril, and Celebrex for pain relief. The clinical note dated 02/06/14 indicates the patient continuing with left arm numbness. The patient rated the pain as 10/10 at that time. The patient was able to demonstrate 4/5 strength at the left upper extremity. The clinical note dated 02/18/14 indicates the patient continuing with 10/10 pain in the neck. The patient was recommended for an MRI of the neck.

The utilization review dated 01/29/14 resulted in a denial for an MRI of the cervical region as there was no indication for advancement of the patient's neurologic exam.

The utilization review dated 02/04/14 resulted in a denial for an MRI of the cervical region as no evidence was submitted confirming a new or progressive neurologic deficit or a failure of a reasonable course of conservative treatments.

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

The documentation indicates the patient complaining of cervical region pain with associated strength deficits in the left upper extremity. An MRI of the cervical spine would be indicated provided the patient meets specific criteria to include completion of a 3 month course of conservative treatments and previous radiographs are normal despite the patient continuing with neurologic involvement. There is mention in the clinical notes regarding strength deficits that were rated as 4/5 throughout the left upper extremity. However, no information was submitted regarding the patient having undergone any recent conservative treatments to include physical therapy. Additionally, no radiograph studies were submitted. Given these findings, this request is not indicated. As such, it is the opinion of this reviewer that the request for an MRI of the cervical spine without contrast is not recommended as medically necessary.

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

Magnetic resonance imaging (MRI)

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