

CASEREVIEW

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Notice of Independent Review Decision

Date notice sent to all parties]: April 14, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Magnetic Resonance Imaging of the Thoracic Spine, Without Contrast, as an Outpatient

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

This physician is a Board Certified Orthopedic Surgeon with over 40 year of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

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 claimant is a male who was injured on xx/xx/xx. He reported while driving his truck on a bumpy road he hit a big bump causing him to bounce up and down very hard in his truck. He developed constant upper and lower back pain. Then, while driving the pain between his shoulders started to spread around and under his pecks causing him to have to pull over because he thought he was having a heart attack.

On June 4, 2013, the claimant presented with back pain. On physical examination of the thoracic spine there was mild/moderate palpation tenderness of the midline periscapular muscles, back both L-spine. X-ray of the thoracic

spine showed mild degenerative changes and osteophyte. Assessment: 1. Lumbar strain. 2. Thoracic strain. 3. Back pain.

On June 24, 2013, the claimant presented for severe, continuous pain that was described as burning, sharp, stabbing and deep in nature. He also reported numbness in the bilateral extremities down to his feet. Additionally, he reported burning type pain across his chest. Pain was rated 9/10. On physical examination of the thoracic spine there was paraspinal muscle tightness and tenderness throughout. Loss of joint motion was noted with motion palpation throughout. Range of motion was restricted secondary to pain and spasm. Supine double leg raise and sit-up each reproduced mid back pain. Reflexes, sensation and motor were all normal. Plan: Physical therapy, referral to medical physician for medication evaluation and management, and off work status.

On July 12, 2013, the claimant presented with lower back pain rated 9/10. No current medications were listed. On examination of the thoracic spine there was tenderness, decreased ROM and muscle spasms. Plan: Prescribed Celebrex 200 mg, Flexeril and Norco. A MRI of the Thoracic spine and Lumbar spine were ordered.

On March 4, 2014, the claimant presented for evaluation of upper back pain, neck pain and headaches. X-rays of his cervical spine revealed no fracture, dislocation, or instability. X-rays of the thoracic spine revealed T9-T10, T10-T11, and T11-T12 degenerative joint changes with osteophytes. On physical examination there was trigger point at levator scapular origin, mid portion of the trapezius on the left and right. Positive compression test, positive shoulder abduction test. Equal and symmetrical biceps, brachioradialis, and triceps jerk. No gross motor deficits or paresthesias. Assessment: 1. Cervical syndrome with referred pain. 2. Thoracic syndrome. Plan: MRI of the cervical and thoracic spine to resolve the issues.

On March 12, 2014, a UR. Rationale for Denial: A report dated 3/4/14 is the only medical information submitted. The report indicates that the claimant is ambulatory with an antalgic gait and presents for neck and upper back pain. X-rays of the cervical and thoracic spine were essentially normal except for some degenerative changes at multiple thoracic levels. Examination of the neck and upper extremities was normal except for some trigger points in levator scapulae muscles and some trigger points in the mid portion of the trapezius muscles. Positive compression test not identified. Positive shoulder abduction test not identified. Reflexes were normal. Sensation was normal. There were no motor deficits, Phalen's and Tinel's and Hawkins were negative. There is no evidence of acute neurologic or orthopedic impairments or specific functional impairments identified. No other physical examinations indicating a reason for an MRI of the thoracic spine.

On March 20, 2014, a UR. Rationale for Denial: The request for an appeal for MRI of the thoracic spine without contrast as an outpatient is not medically necessary. At this point again there are no positive physical findings in the

thoracic spine or specific complaints nor there is indication the claimant has undergone therapy for the thoracic spine.

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

The previous adverse determinations are overturned. The claimant does have complaints of burning pain that reaches around the upper chest area. On March 4, 2014 examination there was trigger points at levator scapular origin and mid portion of the trapezius on the left and right. He also noted a positive compression test and a positive shoulder abduction test. X-rays of the thoracic spine revealed T9-T10, T10-T11, and T11-T12 degenerative joint changes with osteophytes. An MRI could reveal a disc or facet injury that is not evident on x-rays and could lead to more definite diagnostic related treatment. Therefore, the request for 1 Magnetic Resonance Imaging of the Thoracic Spine, Without Contrast, as an Outpatient is found to be medically necessary.

PER ODG:

Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit.
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient

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)**