

Vanguard MedReview, Inc.

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Notice of Independent Review Decision

March 28, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of the Cervical Spine

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

This physician is Licensed in Chiropractic Care with over 15 years of experience.

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 claimant is a female who was injured on xx/xx/xx when she fell while kicking a soccer ball.

10/31/2013: Office Visit. **Subjective:** The patient reported new symptoms of acute constant aching neck pain on both sides, acute difficulty sleeping, acute difficulty in sitting and acute difficulty in standing. The patient also reported new indications of acute constant aching low back pain and acute restricted motion in the lower back. She also reported new indications of severe constant aching shoulder pain on the left and acute restricted shoulder motion on the left. She described new symptoms of moderately severe frequent aching shoulder pain on the right and mild restricted shoulder motion on the right. She also described new symptoms of severe constant aching pain in the right wrist. The patient also described new

symptoms of severe loss of grip strength in the right hand and severe constant aching pain in the left knee. This patient also related new symptoms of acute difficulty squatting, severe constant aching pain in the right ankle, and nominal swelling of the right ankle. Patient reports trouble reaching and reaching overhead. **Assessment:** Cervical sprain/strain with spasm. Patient has a lumbar strain with spasm. Left shoulder strain/sprain. Thoracic sprain/strain with spasm. Sprain/strain right wrist (842.00). Left knee sprain and strain. Right ankle sprain. **Plan:** She will continue the current schedule of care.

12/05/2013: Radiograph of Cervical Spine. **Impression:** Mild spondylitic changes C5-6 and C6-7.

12/09/2013: Office Visit. **Subjective:** The patient related symptoms of moderate frequent aching neck pain on both sides and moderate difficulty sleeping. The neck pain on both sides is unchanged from the last treatment and the difficulty sleeping is slightly better since the last visit. **Assessment:** Cervical sprain/strain with spasm. Patient has a lumbar strain with spasm. Thoracic sprain/strain with spasm. **Plan of Action:** Continue the current schedule of care.

01/02/2014: Office Visit. With regards to the spine, she describes a low back pain of 4/10 and neck and upper back pain of 3/10. These conditions continued to interfere with her daily activities. She also has some tingling in the left fifth finger. She has an equal perception of pinwheel and vibration in the upper and lower extremities including the fifth finger. Reflexes revealed 2+ and brisk reflexes with exception of the left biceps, which is clearly sluggish and graded as 1+. She has about 70 degrees of cervical rotation to the R versus 55 to the L and compressive procedures to the head and neck are uncomfortable especially when the head is laterally bent and rotated to the R, at which time she has notably fixated motion observed. I really think she opted to have the MRI of the cervical spine with that absent L biceps reflex. **Plan:** Continue work and follow up with her again in another few weeks or after her MRI is performed.

02/03/2014: Office Visit. The patient feels some cracking in her neck from time-to-time and complaints of numbness in the left fifth finger. She has equal perception of vibration in the upper and lower extremities. Her upper extremity reflexes are 2+ and brisk with the exception of the left bicep, which is absent. Strength testing in the bicep reveals good strength, but she perceives little bit of the strain on the left when compared to the right. The patient has 70 degrees of visualized R cervical rotation versus 75 to the L, although L is painful. Compressive procedures to the head and neck are painful in the neck, but do not produce radicular symptoms. She is tender to palpitation in the lumbar spine as well as spasm present in the cervicothoracic and lumbosacral spine. **Plan:** I think we should get an MRI of the neck because of the absent L bicep reflex and I think that would be appropriate. She has failed conservative care.

02/06/2014: UR. Rational for Denial: I discussed the request in a peer to peer call at 10am on 2/6/14. The claimant had a slip/fall incident. The clinical findings are

minimal. There is no electrodiagnostic test suggesting radiculopathy. No plain film radiograph report. Given the mechanism of injury and submitted clinical findings, there does not appear to be red-flags to substantiate medical necessity of the requested special study. The request does not appear to be in keeping with the ODG treatment guidelines. Recommend non-approval of cervical MRI.

02/07/2014: Authorization Appeal Note. Regarding the neck MRI, he did not approve the MRI. I noted and made very clear to him that she basically has a notably decreased L bicep reflex, which is indicative of a potential radiculopathy. I also informed him that she had been through conservative care and failed it and continues with pain. Radiographs of the cervical spine have been performed and do not give explanation for continued pain. It is my opinion that she is a strong candidate for an MRI given the basis of time in the absence of decreased L bicipital reflex.

02/21/2014: UR. Rational for Denial: A peer to peer was attempted but was not successful. The claimant is post soft tissue injury. The claimant does not meet the ODG Criteria for the current request. There is no clear evidence of cervical radiculopathy that can be correlated with subjective or objective findings. The current request is not consistent with the evidence based guidelines, ODG. Based on the documentation provided, objective and subjective findings this request is not medically reasonable and necessary. Non-certification is advised.

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

The previous adverse determinations are upheld. After reviewing the records that were provided, the female claimant injured herself when she fell while kicking a soccer ball on xx/xx/xx. According to the initial examination on October 31, 2013 the claimant was diagnosed with a cervical sprain/strain with spasm, lumbar strain with spasm, left shoulder sprain/strain, thoracic sprain/strain, right wrist sprain/strain, left knee strain, and right ankle sprain. Plain radiographs of the cervical spine were taken on 12/05/2013. The cervical spine radiographs revealed mild spondylitic changes at C5-C6 and C6-C7. The claimant is past the injury date. The request for an MRI of the cervical spine is requested by the treating physician, based on an objective decreased left bicipital reflex, but there has been no electrodiagnostic test to support this exam finding. Therefore, the MRI of the cervical spine is not recommended based on the lack of documentation of medical necessity in regards to the ODG guidelines.

PER ODG:

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)**