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Notice of Independent Review Decision

Date notice sent to all parties:

August 11, 2014

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 PM&R; Board Certified Pain Medicine

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury is xx/xx/xx. He is noted to complain of neck pain felt to be related to repetitive movements of his neck at work. No radiology report was submitted for review, but cervical MRI from July 2009 was noted to demonstrate left posterolateral disc protrusion at C4-5; broad based disc protrusion at C5-6; disc bulge at C6-7. Plain radiographs of the cervical spine including flexion/extension views in June 2009 reportedly showed some calcification in the disc at C5-6 and C6-7 with no significant disc space narrowing; no significant facet arthropathy; and normal alignment. On 06/01/11 the claimant underwent trigger point injections for myofascial pain in the periscapular and cervical paraspinal region. He

reportedly had good response that lasted 6-7 months, and repeat trigger point injections were performed on 03/07/12. The claimant was next seen on 01/09/13 for neck and upper back pain. It was noted that trigger point injections give him 6-8 months relief. Injection of trigger points was performed on this date, and again on 02/19/14. The claimant was next seen on 06/11/14, and was noted to have had only short-term relief with the last set of trigger point injections in February 2014. The claimant reports his pain is worse on the right versus left side, with some pain radiating into the right shoulder and proximal arm. On examination there is tenderness to palpation on the right levator scapulae, trapezius, and scalenes. Spinous processes are tenderness to palpation at the lower region. Cervical range of motion is painful and restricted. Hoffman's sign is negative. Spurling's is positive on the right and negative on the left. It was noted that neurological status in the right upper extremity is difficult to determine due to previous shoulder issues and an ulnar nerve transposition on the right side. A request for cervical MRI was reviewed on 07/08/14 and was non-certified as medically necessary, noting that there were no radiographic studies provided in the medical record to determine that there is a medical necessity for MRI of the cervical spine. It also was noted that there was no documentation that the claimant had participated in any recent conservative treatment. A reconsideration request was reviewed on 07/17/14 and was non-certified as medically necessary, noting that there is a lack of documentation of recent conservative treatment prior to considering further diagnostic studies. In addition, there is a lack of documentation of recent plain x-rays which are considered first line diagnostic study of choice. It also was noted that there is a lack of documented worsening or progressive complaints or physical examination findings of radicular symptoms.

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

The claimant is noted to have sustained an injury to the cervical spine due to repetitive movements. He has subjective complaints of neck pain, with physical examination findings of myofascial pain syndrome and active trigger points. The claimant was treated with trigger point injections which provided good relief for 6-8 months; however, the most recent injections in February 2014 provided only short-term relief. The claimant's most recent physical examination on 06/11/14 reported positive Spurling's sign to the right, negative to the left. This is a new finding not previously reported. Based on the clinical information provided, noting that the patient does have new findings of positive Spurling's on the right with subjective complaints of right greater than left neck pain radiating into the shoulder and proximal arm, the request for repeat MRI of the cervical spine is consistent with ODG criteria and is indicated 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

Official Disability Guidelines Neck and Upper Back Chapter

Magnetic resonance imaging (MRI)

Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). ([Anderson, 2000](#)) ([ACR, 2002](#)) See also [ACR Appropriateness Criteria](#)TM. MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery. MRI is the test of choice for patients who have had prior back surgery. ([Bigos, 1999](#)) ([Bey, 1998](#)) ([Volle, 2001](#)) ([Singh, 2001](#)) ([Colorado, 2001](#)) For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. ([Daffner, 2000](#)) ([Bono, 2007](#))

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