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Notice of Independent Review Decision

**Date notice sent to all parties:** 08/04/14

**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:**

Board Certified in Preventive and Occupational Medicine  
Board Certified in Family Practice

**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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

MRI of the cervical spine- Upheld

The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient presented on xx/xx/xx. She noted she injured her head and neck two days prior when she fell. It stated here it occurred at home. She complained of moderate pain and she noted she sustained a blow to the head and complained of neck pain. She had no loss of consciousness. She had a fall from standing and struck her head with resultant persistent headaches. She was 63 inches tall and weighed 63.5 kg. A pregnancy test was negative. Her head was tender and there was swelling on the left side post auricular/occipital soft tissue, which was minimal. She had painless range of motion of the cervical spine, but had left sided lateral muscle spasm/discomfort with no bony tenderness to palpation or with range of motion. The back was normal without tenderness. Neurological examination was normal. A CT scan of the head was performed and was noted to be normal. The clinical impressions were a head injury and cervical strain. Flexeril was prescribed and she was advised to follow-up with a neurologist. The note was signed. On 02/20/14, examined the patient. Here it was noted she fell at a parking garage at work and hit her head on a speed bump on xx/xx/xx. She felt dizzy, nauseous, and her left knee was throbbing, bruised, and had bled. She went to emergency room on xx/xx/xx and was given Flexeril and diagnosed with a concussion. She still had a throbbing headache, buzzing in the left ear, and her left knee and left leg were painful. Her pain was located in the bilateral cervical and occipital regions. Her associated symptoms were confusion, headache, irritability, and nausea. Her current medication was Motrin. Her neurological examination was normal. The neck was normal to inspection and palpation. No further examination findings were noted. The assessments were a head injury, headache, cervical strain, and nausea. Tylenol as needed for headaches was recommended and she was taken off of work until she could be seen by a neurologist. Ondansetron was also prescribed. On 02/21/14, requested an evaluation with. examined the patient on 03/14/14. She had left sided headaches, neck pain, and shoulder pain. She noted she was going into work and fell in the parking lot and she did not know why. She had bruising on the left leg and bleeding from the left knee after. She continued pain, nausea, and dizziness, as well as left sided body pain, so she went to the emergency room where she was diagnosed with a concussion. Her main problem at that time was pain in the left side of the head, mainly occipital and constant, pain in the left side of the neck and left shoulder. Her pain was worse when she stood up and she felt dizzy and had photophobia with headache. She had decreased appetite, decreased concentration and memory, and difficulty sleeping. She also had ringing in the left ear. She had previously had a gastric sleeve. She was on Motrin, Tylenol, and Zofran, which did not help and she wanted stronger pain medications. On examination, she was in distress due to her headache and left sided neck pain. Cervical range of motion was limited in all directions and she had pain when she turned her head or neck. She had tenderness of the muscles on the left shoulder and neck, as well as the left side of the head. Neurological examination was normal. Cranial nerve examination was also normal. She was noted to be mild and generalized weakness, but did not resist well. There was not a well defined focal abnormality. DTRs were 1-2+ in the upper extremities, 2+ in the knees, 1-2+ in the ankles, and there was a plantar response bilaterally. Cerebellar function testing was normal, as was sensory examination. The impressions were status

post fall with head and neck injury and left sided body injury with concussion, rule out intracranial bleed and cerebral contusion, cervical syndrome, and no focal neurological deficits. noted she suffered a concussion and probably now had post concussion syndrome. recommended MRIs of the cervical spine and head. Fioricet and Soma were prescribed and she was advised not to drive or go to work until her work-up was completed. An MRI of the brain was performed on 04/02/14 and was normal. On 06/04/14, requested a cervical MRI. On 06/09/14, M.D., provided an adverse determination for the requested MRI of the cervical spine. On 06/20/14, provided another adverse determination for the requested MRI of the cervical spine. On 07/21/14, reevaluated the patient. She had occipital, frontal, and left temporal headaches. She noted her headaches started on the left side of the head and radiated through her whole head. She noted the brain MRI was negative, but she had not had the cervical MRI yet. She noted that one month prior, she got up during the night and when going back to bed, she heard a beeping noise and fainted. She complained of dizziness, nausea, and vomiting, as well as neck stiffness. Her neurological and psychiatric examinations were noted to be normal, but no other examination findings were documented. The assessments were a head injury, headache, and a cervical strain. The MRI of the cervical spine was again recommended and she was advised to follow-up. She would remain off of work until the MRI was completed.

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

This patient does not meet the usual accepted criteria listed in medical literature for obtaining a cervical MRI. This would be particularly true concerning the ODG. The ODG states that MRIs are not recommended except for certain circumstances. The ODG states that individuals who have never lost consciousness or were not under the influence of drugs or alcohol, have no distracting injuries, have no cervical tenderness and no neurological findings, do not require imaging. I would observe that when she was seen on xx/xx/xx, the neck was normal to inspection and palpation. Range of motion was within normal limits and her neurological examination was noted to be normal. In her first evaluation, the neck was noted to be normal, as was the neurological examination. Her diagnosis for the cervical spine was consistently listed as a sprain/strain. Otherwise, the ODG states that indications for imaging include chronic neck pain after three months of conservative treatment with neurological signs or symptoms being present. In this case, the individual does not have any neurologic deficits or objective findings on her neurological examination. The primary determinant in a case such this is the presence of neurological deficits. Additionally, there has been no documentation of signs or symptoms suggestive of ligamentous instability in the cervical spine. Therefore, the request for the MRI of the cervical spine is not supported by the ODG and the previous adverse determinations are upheld at this time.

**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)**