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Notice of Independent Review Decision

Date notice sent to all parties: 02/09/15

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 in Orthopedic Surgery
Fellowship Trained in Spinal Surgery

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.

Cervical MRI without contrast - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

A cervical MRI was obtained on 08/01/12. At C2-C3, there was a broad 1 mm. osteophyte disc protrusion complex. At C3-C4 and C4-C5, there were 2-3 mm. osteophyte disc protrusion complexes with moderate bilateral neural foraminal narrowing. At C5-C6, there was a broad 2 mm. disc protrusion with 3 mm. left

paracentral component and mild bilateral neural foraminal narrowing. C6-C7 was status post anterior spinal fusion with left posterolateral osteophytes and mild neural foraminal narrowing. C7-T1 was normal. examined the patient on 11/18/14. He had neck pain associated with headaches that radiated down both arms. He did have some numbness that had been going on since 04/17/04. He noted he was injured at work while running heavy equipment. He had had surgery in the past that consisted of a disc fusion in May 2005. His current medications were Ambien, Tylenol #3, Zanaflex, and a Medrol Dosepak. He was a current every day smoker and his ability to enjoy life was poor. He was working full time as an operations manager. He was 72 inches tall and weighed 200 pounds. Upper and lower extremity reflexes were 2/4 bilaterally and no long tract signs were seen. Hoffman's was negative. Bicep strength was slightly decreased on the right. He had significant cervical spinal tenderness and SLR was negative bilaterally. No Waddell's signs were present and sensation was normal in the bilateral upper and lower extremities. Spurling's was positive and Lhermitte's was positive with radiation down the right arm. He demonstrated reduced cervical range of motion. X-rays showed no atlanto-axial or subaxial instability or narrowing of the disc spaces. The hardware from the previous ACF at C6-C7 was intact and the fusion was solid. The 08/01/12 MRI was reviewed and was noted to show a left paracentral disc protrusion at C5-C6 and multilevel facet arthropathy. The assessments were cervical spondylosis with cervical radicular syndrome in the C6 distribution, degeneration of the cervical intervertebral discs, and status post ACF at C6-C7. recommended a conservative approach to include physical therapy for six to eight weeks consisting of strengthening, range of motion, core exercises, and modalities. Tylenol #3, Zanaflex, and a Medrol Dosepak were prescribed. A cervical MRI was recommended to further evaluate his radicular symptoms and to rule out organic pathology. On 12/10/14, provided a preauthorization request for the cervical MRI, which Corvel provided an adverse determination for on 12/11/14. provided a reconsideration request on 12/12/14. provided an adverse determination on 01/09/15 for the cervical MRI. a family practice physician, provided a peer review on 01/21/15. felt the evidence did not support the patient's current complaints were related to the 11/17/04 injury. He noted he had undergone successful cervical fusion and was able to return to work at regular duty. He did not report any symptoms or undergo treatment from 2007 until 2012. It was felt the C6 radiculopathy was at a separate level than the patient's fusion and his previous symptoms. It was felt the evidence supported the current complaints were a natural progression from the non-compensable degenerative disc disease. It was felt the surgery in 2005 resolved his symptoms and there was no evidence of any failure of the previous surgery at C6-C7 or any similar symptoms of the patient's initial symptoms after the injury.

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

The ODG indicates that repeat MRI is not routinely recommended and should be reserved for those patients with significant changes in their symptoms and/or findings suggestive of significant pathology. on 11/18/14, documented normal

upper extremity reflexes at 2/4 and no long tract signs. Rhomberg's and Hoffman's were negative. He had normal sensation in the upper extremities. There is no evidence of progressive neurological loss based on the documentation provided for review at this time. There is no documentation of other examinations by other providers. There is no evidence that the patient has a true neurological deficit related to the original injury. If he was weak in the biceps, one would expect concomitance loss of reflex and sensation. In the absence of these objective findings, there is no evidence that the patient requires a new cervical MRI. Furthermore, x-rays of the cervical spine showed no instability or narrowing of the disc spaces. The hardware from his previous fusion at C6-C7 was intact and the fusion was solid. Therefore, the requested cervical MRI without contrast is not medically necessary, appropriate, or in accordance with the ODG and the previous adverse determinations should be 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)