

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 12, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed repeat MRI Cervical Spine

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.0	MRI Cervical Spine		Prosp	1					Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who reported an injury on xx/xx/xx while at work. The injured employee was reportedly injured when a piece of equipment weighing approximately 2000 pounds fell on him. The records began with an evaluation on xxxxx, which noted he had a prior MRI of the cervical spine performed on August 5, 2013. Reportedly, the MRI suggested the following. There was moderate canal stenosis at C3-C4, with moderate-to-severe left foraminal narrowing, with impingement of the exiting left C4 nerve root; a disc protrusion was noted at C4-C5 producing mild canal stenosis; foraminal narrowing was noted at C7-T1, with impingement of the exiting left C7 nerve root; disc protrusions were noted at C2-C3, C5-C6, and C6-C7, without significant canal stenosis; further uncovertebral hypertrophy contributing to foraminal narrowing was noted at all levels of the cervical spine; and straightening of the normal lordotic curvature was noted. In addition, a left shoulder MRI arthrogram was performed on July 22, 2013, suggesting

moderate, chronic, nonspecific tendinosis and tendinopathy of the distal supraspinatus tendon with internal longitudinal splitting and tendinosis findings without any articular or bursal surface tearing.

performed an evaluation on September 5, 2013, noting that the injured employee reported progressive, severe neck pain with radiation to the left arm. He had been given narcotic pain medication, non-steroidal anti-inflammatory drugs (NSAIDs) and a Medrol DosePak, which had provided some relief from the symptoms. The examination documented 5/5 strength, intact sensation, and 2/4 reflexes. Electrodiagnostic testing was recommended in addition to epidural steroid injections (ESIs).

Electrodiagnostic testing was performed on April 17, 2014. The testing documented bilateral carpal tunnel syndrome (CTS), a right C5 radiculopathy, and a left C6 radiculopathy.

An ESI was recommended at C4-C5 and was performed on June 23, 2014. No substantial long-term improvement was reported; therefore, a three level anterior cervical discectomy fusion (ACDF) was recommended by on November 6, 2014.

Physical therapy progress notes were provided from July 17, 2015.

On July 20, 2015, evaluated the injured employee for persistent neck and bilateral arm radiculopathy. An additional repeat MRI was recommended.

An MRI of the lumbar spine completed on August 18, 2015, documented extensive degenerative disc changes throughout the lumbar spine with multilevel disc bulges.

In addition, an MRI of the cervical spine was performed on September 1, 2015, suggesting straightening of the normal cervical lordosis. There was also documentation of multilevel spondylosis with interspace and foraminal narrowing, as well as a C7-T1 left posterior lateral disc protrusion.

On September 10, 2015, recommended a C4 through C7 ACDF. The initial request for a repeat MRI of the cervical spine was denied on August 7, 2015, due to a lack of substantial changes in the physical examination findings.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

As noted in the Division-mandated Official Disability Guidelines, repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neuro compression, recurrent disc herniation, et cetera). The records provided noted no changes in the physical examination. There were no findings such as progressive muscle weakness, loss of reflex, or decreased sensation. The injured employee had a prior MRI of the cervical spine in August of 2013, which suggested multilevel degenerative disc changes with subsequent electrodiagnostic testing suggesting evidence of radiculopathy. There was insufficient documentation of any changes in the physical examination findings, any progressive neurological deficit, or any re-injury to support the medical necessity for the additional MRI imaging requested at this time in accordance with the Guidelines treatment recommendations.

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
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)