Medical Assessments, Inc.

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Notice of Independent Review Decision

September 2, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
MRI Spinal Canal and Contents Cerv; W/O Contrast

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The Reviewer is Board Certified in the area of Anesthesiology with over 6 years of experience, including Pain Management.

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.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who was injured on xx/xx/xx when a ceiling fell on his head during a fire. The claimant was diagnosed with cervical disc displacement and cervical radiculitis.

06/03/2008: MRI of the Cervical Spine. **Impression: 1.** multilevel degenerative changes in the cervical spine as described above with mild central canal stenosis at C5-6 and C6-7. No define cord compression is seen. 2. At C5-6, there is moderate right neural foramina stenosis secondary to predominantly advanced facet arthropathy. 3. At C6-7, there is mild to moderate left neural foramina stenosis secondary to predominantly uncinated hypertrophy. 4. At C4-5, there is mild right neural foramina stenosis secondary to predominantly facet arthropathy.

10/15/2014: Initial Medical Evaluation. **Assessment:** Cervical disc herniation without cord compression, with extrusion at C6-7. Cervical radiculopathy, Accident while engaged in work related activity, Long term use of narcotic medications. **Plan:** Ordered repeat cervical MRI. **Medications:** Norco 10mg/325mg. Naprosyn 500. Neurontin 300mg.

11/24/2014: Clinic Visit Note. Claimant reported symptoms of numbness/tingling to the BUE with the right being greater than the left. Reports condition is continuous. Reports pain level 7/10. Improved with medications. Low

back imaging QM:

02/09/2015: Clinic Visit Note. Claimant reported currently taking Norco 10mg, Naprosyn 500mg and Neurontin 400mg, one table tin the morning, one in the afternoon and two at bedtime. He reports his medication regimen is effective. He states the medication allows him to complete his chores. He states he is able to care for himself as far as bathing, dressing, and grooming. He states without the medication he would not be able to function as well. He denies insomnia. Chief complaint: Neck pain. Reports 5/10 pain level with medication. Claimant states he underwent PT. He also stated he underwent injection therapy with minimal relief. Claimant reported the last day he worked was 2000 when he was relieved from the Dallas Fire Department.

03/09/2015: Office visit. Claimant reported pain level 4-5/10 with medications. **Cervical Spine:** Pain with palpation, bilateral lobes are non tender with palpation, Bilateral cervical paraspinals are tender with palpation, flexion pain, extension pain, lateral pain.

04/08/2015: Office visit. Claimant reported pain level 4/10 with medications. Claimant reports his numbness or tingling is unchanged.

06/23/2015: Letter. There has been a misunderstanding of the date of the original neck injury for which I was treated. The original injury from a ceiling falling in on me and breaking my helmet and injuring my neck was December 1988. I was also injured in 1996, but that was an injury to my shoulder described in the previous documents as pulling up onto the engine and diagnosed as a torn rotator cuff. We are just changing the date. My first treating doctor, had lost or destroyed my 1988 injury information when I asked to change treating doctors I informed of my history and he shared it with others, , and others and finally with you.

06/26/2015: UR. Rationale for denial: At the present time, based on the medical documentation available for review, Official Disability Guidelines would not support this specific request to be one of the medical necessities. As a result, presently, medically necessity for this request is not established per criteria set forth by the above noted reference.

07/30/2015: UR. The claimant is a male who was injured on xx/xx/xx, when a ceiling fell on the claimant. The claimant was diagnosed with cervical disc displacement and cervical disc displacement and cervical radiculitis. The numbness and tingling were unchanged. The pain was 4/10 on a Visual Analog Scale. There was a no antalgic gait. Spruling was positive bilaterally. There was decreased sensation in the C6-7 dermatomes. Tenderness to palpation was noted of the cervical spine. The request is Non-Authorized.

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

The previous determination is upheld. The claimant is a male who was injured on xx/xx/xx, when a ceiling fell on the claimant. Claimant has diagnosis of cervical disc displacement and cervical disc displacement and cervical radiculitis. Numbness and tingling were unchanged. The pain was 4/10 on a Visual Analog Scale. No antalgic gait noted. Spruling was positive bilaterally. There was decreased sensation in the C6-7 dermatomes. Tenderness to palpation was noted of the cervical spine. Per ODG, the requirements for MRI were not met and therefore the request for MRI Spinal Canal and Contents Cerv; W/O Contrast is non-certified.

ODG Guidelines: <u>Indications for imaging</u> -- 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)**