

# AccuReview

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[Date notice sent to all parties]: July 4, 2016

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Repeat MRI Cervical Spine w/o Contrast

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

This physician is Board Certified in Anesthesiology with over 14 years of experience.

**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]:**

X/X/XX: MRI Cervical spine with and without contrast. Impression: 1. The alignment of the cervical spine is anatomic. No enhancing intra or extramedullary mass is seen. 2. At C3-4 flattening of the thecal sac with mild narrowing of the left neuroforamen is present. 3. The C5-6 levels reveals a 3.0 mm disc bulge flattening the thecal sac with mild narrowing of the right neuroforamen.

X/XX/XX: CT Scan Myelogram Review, Cervical Spine. Review of the myelogram and post myelographic CT scan of the cervical spine reveals an instrumented arthrodesis at C4-5 and C5-6 in good position well healed. There is a mildly bulging disc at C6-7 only. I do not feel that this is compromising the nerve root or the spinal cord. There are no filling defects on the myelogram at any level.

XX/XX/XX: Designated Doctor Evaluation. Impression: 1. S/P anterior cervical discectomies and fusions. 2. S/P lumbar laminectomy and fusion. 3. No evidence on examination of either cervical or lumbar radiculopathy. 4. The claimant does have evidence on examination of bilateral carpal tunnel syndrome, worse on the left than on the right. This finding would not at all be related to his injury of X/XX/XX. 5. Strongly suspect an element of secondary gain. This claimant has markedly exaggerated responses. His examination revealed at least four, if not more, positive Waddell's signs which indicates a lack of effort or lack of sincerity in his responses to the exam.

XX/XX/XX: Office Visit. DX: Post laminectomy syndrome. Due to the claimant experiencing some degree of discogenic pain from those levels and because of his constant pain which requires narcotics and other medications and the presence of arachnoiditis which is aggravated by cervical movement, he is unable to work from X/XX/XX-XX/XX/XX.

Therefore, no FCE is needed at this time.

X-XX-XX: Post-Designated Doctor Examination. Recommendation/Discussion: After reviewing the mechanism of injury, the multiple medical records available for review, and my PE, the injured employee can return to work at a sedentary to light PDL job, but I am doubtful that the injured employee can do any work as an XX.

X/XX/XX: Operative Report. Preoperative DX: Failed cervical spine syndrome with adjacent segment disease; internal disk disruption syndrome; stenosis, traumatic in nature with failure of conservative treatment with retained hardware C4 bilaterally, C5 bilaterally, and C6 bilaterally. Postoperative DX: Failed cervical spine syndrome with adjacent segment disease; internal disk disruption syndrome; stenosis, traumatic in nature with failure of conservative treatment with retained hardware C4 bilaterally, C5 bilaterally, and C6 bilaterally with bony overgrowth of the plate at C5 and C6, requiring partial corpectomy at C5 and partial corpectomy at C6 to remove bony overgrowth and remove the plate, which was required to perform the surgical procedure at C3-4.

XX/XX/XX: Follow-Up Note. CC: increasing neck pain with radiation down both extremities. Assessment: Cervical radiculopathy M54.12, Cervical spondylosis with radiculopathy M47.22, Cervical Postlaminectomy syndrome M96.1, Cervical disc degeneration C4/5-C6/7 M50.32. Plan: continue present treatment, wait on input from neurosurgeon, consider ESI if not candidate for surgery, return in 2 months.

X/X/XX: UR. Reason for denial: The clinical information provided does not establish the medical necessity of this request. This request is not supported by the ODG Neck and Upper Back Chapter, ESI. The evidence-based guidelines are no longer supportive of ESI in the cervical region. Additionally, the level has not been identified or obtained. There are no exam findings of radiculopathy at any cervical level. There was no MRI findings of a radiculopathy and no electrodiagnostic testing. Though the guidelines are not supportive of these types of cervical injections anymore, they do provide exception for exceptional cases that can provide information to support necessity such as extra findings showing neurologic deficits at a specific level with corroborating imaging and/or electrodiagnostic test findings; however, in this case, medical necessity has not been established.

X/XX/XX: Office Visit. CC: cervicgia. Current Medications: gabapentin 300mg, cyclobenzaprine 10mg, norco 10/325, montelukast 10mg, pravastatin 10mg, zolpidem 5mg, levothyroxine 50mcg. DX: spinal stenosis, cervical region; radiculopathy, cervical region; chronic pain syndrome. Plan: MRI cervical spine for intractable cervicgia S/P C3-6 ACDF with some increasing symptoms of myelopathy and RTC.

X/XX/XX: UR. Reason for denial: The clinical information provided does not establish necessity of this request. The ODG MRI topic would recommend for a repeat MRI, a significant change in symptoms and/or findings suggesting a significant pathology. The neurologic examination was negative. There was 5/5 motor strength throughout, sensation intact, deep tendon reflexes overall normal so there is no progressive neurologic deficit and the rationale to repeat a cervical MRI within the guidelines has not been determined after two calls over two days. Medical necessity has not been established for repeat MRI without contrast, cervical spine.

X/XX/XX: UR. Reason for denial: The clinical information provided does not establish the medical necessity of this request. The request is not supported by ODG Neck and Upper Back (Acute & Chronic) Chapter: MRI. The documentation submitted for review indicated the claimant had a MRI of the cervical spine performed on X/XX/XX. The claimant underwent C4-6 ACDF in XXXX and C3-4 ACDF in XXXX. The claimant continued to have complaints of pain to the cervical spine despite previous conservative treatment. However, this claimant was not shown to have any significant neurologic deficits on the exam to warrant the need of repeat imaging. This claimant had a normal gait and a normal station. His muscle strength overall was 5/5 throughout. He had a normal bulk and tone. Sensation was intact to light touch overall and deep tendon reflexes were normal. Therefore, the request for repeat MRI without contrast of the cervical spine is not medically necessary.

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

The previous adverse determinations are upheld and agreed upon. The clinical information provided does not establish necessity of this request. Per ODG, in order to justify a repeat MRI, a significant change in symptoms and/or findings suggesting a significant pathology is needed to meet criteria. The neurologic examination was negative. There was 5/5 motor strength throughout, sensation intact, deep tendon reflexes overall normal so there is no progressive neurologic deficit and the rationale to repeat a cervical MRI within the guidelines has not been determined. Medical necessity has not been established for repeat MRI without contrast, cervical spine. Therefore, after reviewing the medical records and documentation provided, the request for Repeat MRI Cervical Spine w/o Contrast is non-certified.

Per ODG:

<p><b>Magnetic resonance imaging (MRI)</b></p>	<p>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). (<a href="#">Anderson, 2000</a>) (<a href="#">ACR, 2002</a>) See also <a href="#">ACR Appropriateness Criteria™</a>. 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. (<a href="#">Bigos, 1999</a>) (<a href="#">Bey, 1998</a>) (<a href="#">Volle, 2001</a>) (<a href="#">Singh, 2001</a>) (<a href="#">Colorado, 2001</a>) 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. (<a href="#">Daffner, 2000</a>) (<a href="#">Bono, 2007</a>)</p> <p><b><u>Indications for imaging -- MRI (magnetic resonance imaging):</u></b></p> <ul style="list-style-type: none"> <li>- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present</li> <li>- Neck pain with radiculopathy if severe or progressive neurologic deficit</li> <li>- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present</li> <li>- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present</li> <li>- Chronic neck pain, radiographs show bone or disc margin destruction</li> <li>- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"</li> <li>- Known cervical spine trauma: equivocal or positive plain films with neurological deficit</li> <li>- Upper back/thoracic spine trauma with neurological deficit</li> </ul>
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**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)**