IRO NOTICE OF DECISION TEMPLATE – WC

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IRO REVIEWER REPORT

TEMPLATE –WC

DATE: December 31, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
MRI Cervical Spine

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The reviewer is certified by the American Board of Physical Medicine and Rehabilitation with over 20 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Overturned (Disagree)

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 when he was lifting a shelf while working on XX/XX/XX.

XX/XX/XX: The claimant was evaluated for chronic left-sided neck pain, shoulder pain, and left arm pain, paresthesias, and numbness. It was noted that he underwent left shoulder surgery in XX/XXXX and subsequent postop therapy. He complained of persistent pain with ain radiating down the left arm with numbness and tingling going into the left first, second, and third fingers with less strength noted in the arm. It was noted that he was on chronic pain medication and was currently out. On exam, range of motion of the left shoulder was limited in abduction and internal rotation with positive impingement. Neurological exam showed loss of sensation, light touch, pinprick in the first, second, and third fingers. Mild loss of strength of left wrist extensors and biceps muscle at 4/5, loss of left brachioradialis. Waddell's, axial loading, simulated rotation, general overreaction to exam, superficial tenderness, regional weakness, widespread nonanatomic pain, regional sensory deficit, and distracted straight leg raising were all negative. IMPRESSION: Status post left shoulder surgery with continued chronic left shoulder pain and left arm pain and weakness. PLAN: Repeat MRI of the left shoulder with and without contrast. Electrodiagnostic testing is ordered, left

upper extremity, to rule out plexopathy versus entrapped neuropathy. With regard to medication, urine toxic screen was performed and was consistent with current medication regimen. The patient is given prescription for medications including Norco 7.5/325 mg 1 p.o. q. 6-8h. #120, Neurontin 300 mg 1 p.o. at bedtime #30, and meloxicam 15 mg 1 p.o. at bedtime #30.

XX/XX/XX: MRI L Shoulder W/O Contrast report IMPRESSION: Status post rotator cuff repair. No full-thickness rotator tear. Mild supraspinatus muscular atrophy. Minimal subacromial/subdeltoid bursitis. Mild acromioclavicular and glenohumeral osteoarthrosis.

XX/XX/XX: The claimant was evaluated. He complained of persistent neck pain and left shoulder pain with pain radiating down the left arm. It was noted that he had injury to his left shoulder at work while lifting. Nerve conduction studies were conducted and showed mildly diminished amplitude to the left median and radial nerves. Otherwise, all nerves tested and sensory nerves were normal. Summary of EMG: The left cervical paraspinals, pronator teres, deltoid and supraspinatus were abnormal. OVERALL IMPRESSION: Abnormal study with electrodiagnostic evidence of mild left C6 radiculopathy. PLAN: At this point in time, I would like to get an MRI of the cervical spine. The patient certainly may have injured his neck in addition to his shoulder while lifting a shelf at work. He did have left shoulder surgery but continued to have persistent problems. He has left C6 radiculopathy. The patient is given refill on his medication including Norco 7.5/325 mg 1 p.o. q. 6h, Phenergan 25 mg 1 p.o. q. 12h, Neurontin 300 mg 1 p.o. daily, and meloxicam 15 mg p.o. daily. He is also referred to a chronic pain program. IMPRESSION: The below electrodiagnostic study reveals evidence of mild C6 radiculopathy on the left. PATIENT COMPLAINTS: Patient was involved in a work-related accident 10 months ago and complains of neck pain and left shoulder and arm pain, numbness, and tingling. Symptoms have been getting worse since the accident.

XX/XX/XX: The claimant was evaluated for complaints of significant neck pain with left arm pain. It was noted that he was still requiring medication for his neck pain. On exam, he was alert and oriented x 3; afebrile; vital signs stable; speech clear; no aberrant drug behavior; no pain behavior. OVERALL IMPRESSION: Chronic neck pain, left shoulder pain, left cervical radiculopathy emanating from the cervical spine. PLAN: The patient needs an MRI of the cervical spine. This is being denied by insurance company. Refill pain medication prescribed. The patient will follow up with me in 1 month.

XX/XX/XX: UR. RATIONALE: The documentation submitted for review indicated that the patient underwent shoulder surgery in XX/XXXX. It was noted that the patient completed postoperative therapy and was on chronic pain medication. He continued to have persistent pain to the left shoulder. However, the documentation failed to provide a significant change in symptoms or any red flag conditions to warrant the need of imaging. Additionally, the documentation indicated that the patient underwent electrodiagnostic testing of the left shoulder, which noted left C6 radiculopathy. It is unclear as to how additional imaging would change the patient's treatment plan. Therefore, the request is not supported.

XX/XX/XX: UR. RATIONALE: ODG Neck and Upper Back criteria for MRI states that patients should have neck pain with radiculopathy associated with severe or progressive neurologic deficit. The claimant has recent EMG indicating C6 radiculopathy consistent with exam findings. It is not clear why the MRI is requested or how it will change treatment planning. The previous review indicates that the physician was unaware an EMG had been performed. Based on the documentation provided, the medical necessity of the request is not established.

XX/XX/XX: The claimant was evaluated for medication refill. He continued to have significant neck pain and shoulder pain with pain going down the arm. His exam was unchanged. He was given prescriptions for Norco, Phenergan, Neurontin, and meloxicam as well as a topical pain cream.

XX/XX/XX: The claimant was evaluated. XX stated that, in his opinion, the claimant "injured his cervical spine during the initial intense work-related injury." His exam showed limited range of motion of the cervical spine with positive Spurling's and pain radiating to the left arm. Neurologic exam was otherwise intact to motor, sensory, and reflex testing. OVERALL IMPRESSION: Chronic left shoulder pain, status post left shoulder surgery, chronic neck pain with upper extremity radiculopathy with cervical radiculopathy related to initial injury. PLAN: Awaiting MRI of the cervical

spine, which unfortunately the work comp carrier is not willing to pay for. Continue current medication including Norco 10/325 mg 1 p.o. q. 6 hr., Phenergan 25 mg 1 p.o. b.i.d., Neurontin 300 mg 1 p.o. daily, and meloxicam 15 mg p.o. daily. Follow up in 1 month.

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

The previous adverse decisions are overturned. Submitted clinical information does meet ODG neck chapter criteria with chronic cervical spine pain progressively worsening with radiation and numbness, tingling and weakness in left upper extremity to 1st, 2nd and 3rd fingers and objective signs on recent examinations with positive Spurling's reproducing left upper extremity symptoms, and sensory, motor and reflex deficits suggestive of left C6 radiculopathy corroborated by recent EMG. Therefore, the request for MRI Cervical Spine is medically necessary.

ODG:

Magnetic resonance imaging (MRI)	**<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)