

# Vanguard MedReview, Inc.

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**IRO CASE #: XXX**

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

MRI C-Spine without contrast

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

This case was reviewed by a Board Certified Doctor of Orthopedic Surgery with over 18 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]:**

The claimant is a XX who was injured in XX right shoulder and neck while at work when XX.

XX: Office Visit by XX, MD. **HPI:** The patient returns today for follow-up of RSS with ARCR on XX. There has been improvement in the symptoms since the last visit. Pain is 3/10. XX reports intermittent numbness into the right hand and states XX hand gets cold as well. XX had some dry needling of XX neck per XX. **Exam:** Left Upper Extremity: does not show any tenderness, deformity or injury. ROM is unremarkable. There is no gross instability. Strength and tone are normal. **Assessment/Plan:** Strain of muscles(s) and tendon(s) of the rotator cuff of right shoulder, subsequent encounter. Impingement syndrome of right shoulder, primary osteoarthritis, right shoulder. Other specified disorders of synovium, right shoulder. superior glenoid labrum lesion of right shoulder, subsequent encounter, radiculopathy, cervical region. Evaluate for cervical radicular symptoms. May b=progressively begin some heavier lifting. Continue HEP as instructed by PT. An MRI of the cervical spine was ordered.

XX: UR performed by XX, MD. **Rationale for Denial:** This XX had a work incident when XX XX. XX has had XX care focused on XX shoulder. XX had degenerative changes of XX neck. The neurological exam is terse and does not validate an objective radiculopathy. The need for a cervical MRI is not validated by the submitted records.

XX: Office Visit by XX, MD. **HPI:** The patient returns today for follow up. Pain is 3/10. XX continues to have pain in the right side of the cervical spine with tingling into the right upper extremity. The patient went to multiple sessions of PT and had dry needling, which unfortunately was not effective. XX has continued to work full duty.

**Treatment Plan:** I have recommended an MRI scan of XX cervical spine because we have already done months' worth of PT, trigger point injections and medications, which have not been effective.

XX: UR performed by XX, MD. **Rationale for Denial:** The provided records would not support the MRI request as reasonable or necessary. The claimant reports ongoing neck and right upper extremity symptoms following a previous right shoulder rotator cuff repair. It is unclear if a brachial plexus issue has been ruled out. The XX clinical report did not include a physical exam noting any red flags or evidence of progressive/severe neurological deficit. There were no inconclusive pain films provided. Given these issues which do not meet guideline recommendations this reviewer cannot recommend certification for the request.

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

The request for a MRI of the cervical spine is denied.

This patient injured XX right shoulder and neck in XX. XX underwent rotator cuff repair in XX. XX currently complains of intermittent numbness in the right hand.

The Official Disability Guidelines (ODG) supports magnetic resonance imaging of the cervical spine for patients with neurologic signs or symptoms. Three months of conservative care is required prior to consideration of a cervical spine MRI in the patient with documented abnormal neurologic findings.

This patient has no objective findings consistent with cervical radiculopathy. It is unclear from the records reviewed whether the physical therapy has been for the cervical spine or shoulder following rotator cuff repair.

The MRI is not medically necessary.

Per ODG:

**Indications for imaging -- MRI (magnetic resonance imaging):**

- Chronic neck pain (= after 3 months of 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)