



14785 Preston Road, Suite 550 | Dallas, Texas 75254  
Phone: 214 732 9359 | Fax: 972 980 7836

**DATE OF REVIEW:** 5/15/2018

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

“Cervical Spine MRI” for the patient.

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

M.D. Board Certified in Orthopedic Surgery and Sports 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)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a XXXX year-old XXXX who sustained an injury to XXXX right shoulder on XXXX in a XXXX. XXXX subsequently underwent a rotator cuff repair and distal clavicle excision on the right shoulder on XXXX. According to the available notes, it appears XXXX recovered to some degree but was given an impairment rating at the point of maximal medical improvement, which indicates that XXXX did not recover full function after this injury. XXXX sustained a new injury on XXXX while XXXX and had recurrent worsening of XXXX right shoulder pain. An x-ray performed on XXXX was read as normal by the radiologist but there was noted to be some increase in superior migration of the humeral head on the x-ray by the treating doctor. This was felt to be suggestive of a recurrent rotator cuff tear. As of the last office note on XXXX, the patient was noted to have severe right shoulder pain without radiation. This was aggravated by motion and lifting. XXXX was noted to have tingling in the arms. On exam, XXXX had tenderness to touch in the right shoulder with decreased and painful range of motion in the right shoulder. No examination of the cervical spine was documented. There are no radiographs of the cervical spine noted. No strength testing or neurologic exam of the upper extremities is documented at XXXX most recent visit. XXXX has not had any treatment directed at the cervical spine to this point. According to the plan in the note, the patient was given a shoulder steroid injection to see how XXXX responded but there is not documentation of XXXX response. The request is for an MRI of the cervical spine.

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

Per ODG references, the requested “Cervical Spine MRI” for the patient is not medically necessary. Per the available documentation, everything that has been done for the patient thus far has been directed to the shoulder. The patient has not had documented evaluation or treatment of XXXX cervical spine including no documented neck complaints, cervical spine exam, or neurologic exam of the upper extremities. XXXX has also not had cervical spine x-rays. While there is mention of tingling in the arms there is no objective documentation of any radiculopathy or neurologic deficits. With this being the case, the patient does not meet the criteria for a cervical spine MRI. Therefore, the request for this service is not approved.



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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 KNOWLEDGE BASE
- 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