



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: June 7, 2007

IRO Case #:

Description of the services in dispute:

1. Item(s) in dispute: Medical necessity of 1/9/07 – Procedure code #74150-26, CT Abdomen and #72192-26, CT Pelvis, 1/10/07 – Procedure code #74000-26, Abdomen 1 view and #74000-26-77, Abdomen 1 view; 1/12/07– Procedure code #74020-26, Abdomen 2 views.

A description of the qualifications for each physician or other health care provider who reviewed the decision:

The physician who provided this review is board certified by the American Board of Neurological Surgery. This reviewer is a member of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons. This reviewer has been in active practice since 2002.

Review Outcome:

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

Upheld.

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Medical necessity for the above listed imaging studies cannot be established.

Information provided to the IRO for review

Records received from the State:

Notice of case assignment 5/21/07 1 page

Request for IRO 5/11/07 7 pages

Explanation of Benefits for dates of service 1/5/07, 1/9/07, 1/10/07 and 1/12/07 8 pages

Records received:

Letter dated 5/23/07 2 pages

Radiographic Report Lumbar Spine dated 01/05/07 1 page

Report CT Lumbar Spine dated 01/08/07 1 page

Report CT Abdomen/Pelvis dated 01/09/07 1 page

Radiographic Report Abdomen dated 01/10/07 1 page

Radiographic Report Abdomen dated 01/10/07 1 page

Radiographic Report Abdomen dated 01/12/07 1 page

Patient clinical history [summary]:

The patient is a male who was apparently admitted to Hospital on xx/xx/xx. The submitted imaging studies indicate the patient underwent a lumbar fusion from L4 to S1. The record does not contain any clinical records from which to provide context. On 01/05/2007, a six view lumbar series was performed indicating an operative procedure had occurred from L4 to S1. A CT of the lumbar spine was performed on 01/08/2007. This study indicates recent postsurgical changes associated with instrumented fusion. A CT of the abdomen and pelvis was performed on 01/09/2007. This study reports findings consistent with a paralytic ileus. On 01/10/2007 a KUB (kidneys, uterus, bladder) was performed which indicated the placement of an NG tube and distension of the large bowel loops including a mobile cecum. A second KUB performed on this same date suggests a mobile mesentery. On 01/12/2007 an A/P study of the abdomen was performed. This study reports dilated loops which are improved since 01/10/2007 and a NG tube remains in the proximal stomach.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

Medical necessity for the above listed imaging studies cannot be established.

No clinical records, more specifically operative reports, or hospital records were submitted for review. These records are required to provide context to ordering and performance of these studies.

A description and the source of the screening criteria or other clinical basis used to make the decision:

1. The Official Disability Guidelines, 11th edition, The Work Loss Data Institute.
2. The American College of Occupational and Environmental Medicine Guidelines. Chapter 12

3. S. Terry Canale, MD, Campbell's Operative Orthopedics, 10th edition University of Tennessee–
Campbell Clinic, Memphis TN, Le Bonheur Children's Medical Center, Memphis, TN ISBN
0323012485.
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