Independent Resolutions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 16, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Retrospective medical necessity of Emergency Room Visit on xx/xx/xx--82962-Glucose Blood, 99283--ER General, 90772--ER General, 72148-MRI Spinal Canal.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Board-certified in Internal 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)

82962-Glucose Blood, 99283--ER General, 90772--ER General are medically necessary

72148-MRI Spinal Canal is not medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant presented to the emergency department (ED) on xx/xx/xx with complaints of worsening back pain for two days. She has a history of chronic low back pain, hypertension, and diabetes mellitus. There is no fever and no neurological symptoms. Neurological examination is normal. Lumbar MRI shows disc dessication and an L5-S1 annular tear. The claimant is administered

analgesics and is discharged home.

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

After a careful review of all medical records, the Reviewer's medical assessment is that there is nothing in the records submitted to support the need for the MRI. The claimant had no indications for emergency MRI, i.e. fever, evolving/worsening neurologic deficits, bowel/bladder dysfunction. Therefore, the emergent lumbar MRI was neither indicated nor medically necessary.

The claimant did experience a worsening of her pain. These symptoms justify an ED visit for evaluation and treatment. Therefore, the ED visit on xx/xx was reasonable and necessary. The claimant has diabetes. Therefore, measurement of the blood glucose level would be a reasonable test to perform. The OD Guidelines do cover this specific issue.

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)**