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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 12/23/2008

**IRO CASE #:**

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

Angiography, External Carotid, Unilateral, Selective, Radiological supervision and interpretation

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

This case was reviewed by a Texas licensed MD, specializing in Toxicology, Internal Medicine, Emergency Medicine. The physician advisor has the following additional qualifications, if applicable:

ABMS Internal Medicine, Emergency Medicine

**REVIEW OUTCOME:**

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

Overturned

<b>Health Care Service(s) in Dispute</b>	<b>CPT Codes</b>	<b>Date of Service(s)</b>	<b>Outcome of Independent Review</b>
Angiography, External Carotid, Unilateral, Selective, Radiological supervision and interpretation	75660		Overturned

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

<b>No</b>	<b>Document Type</b>	<b>Provider or Sender</b>	<b>Page Count</b>	<b>Service Start Date</b>	<b>Service End Date</b>
1	Office Visit Report		10	08/27/2008	09/03/2008
2	Office Visit Report		3	09/09/2008	09/09/2008
3	Peer Review Report		4	10/03/2008	10/03/2008
4	IRO Request		13	12/01/2008	12/02/2008
5	Appeal Request		2	11/17/2008	11/17/2008
6	Appeal Request		10	11/11/2008	11/11/2008

7	Appeal Request		3	11/17/2008	11/17/2008
8	Initial Denial Letter		2	10/06/2008	10/06/2008

**PATIENT CLINICAL HISTORY (SUMMARY):**

Poorly legible notes are seen. The date is unclear as well. It appears that the patient had an oxygen saturation of 96%. The patient is noted to have had an arteriogram of the neck and head after a right basilar skull fracture and a right pulsatile. A CT of the sinuses and an MRI showed sinusitis. It is noted that he had hearing loss and a history of head trauma. The patient is on Benicar and Toprol XL. He had never smoked but he had used alcohol. It appears that the claimant had fallen off of a truck while at work. He had lost consciousness it appears for a period of time and had been diagnosed with a skull fracture. A note indicates a low amplitude response at 4 KHZ on the left ear.

A letter is written that states that the patient fell off of a truck while working in xx/xx. At that time he had a hemotympanum with evidence of a right basilar skull fracture. He has complained of pulsatile tinnitus on the right side since then. He also has a loss of smell. A CT scan in June of 2008 revealed bilateral ethmoidal pacification and polyposis. It is noted that there is a hearing loss at 2000-8000 HZ for both ears. The impression is that the patient suffered significant sinus disease due to his trauma. A repeat CT of the sinuses using a landmark protocol and an audiogram with an MRA of the head would be needed to evaluate a post injury encephalocele from injury.

A follow up visit indicates a follow up regarding the patient's symptoms. This is a note from Dr. . A note from MES indicates need for a repeat CT and other studies. He had a CT of his sinuses in 04/08 that was negative and a brain MRI showing normal CSF and no cribiform fracture. A cisternogram documented no CSF leak. An MRA and repeat sinus CT is requested to rule out an AVM in the brain due to pulsatile tinnitus. The reviewer states that the patient does not need a repeat study as prior studies were normal. Prior MRI was normal.

ODG criteria for an MRI and CT are noted. Based on ODG and ACEP guidelines a repeat CT is not indicated.

A letter from a law firm stated that this claimant is entitled to an MRA due to his prior injury. An attempt to contact Dr. is noted by Dr. who denied the request for an MRA. Dr. was out of the office at the time.

A letter from is noted.

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

This patient suffered a head injury in xxxx. If I understand the records clearly he had symptoms that developed much later, of dizziness. Note that post traumatic evaluations had been done that did not reveal an abnormality such as an AVM as late as June of 2008. Pulsatile tinnitus can be due to small vessel problems in the ear that would not merit intervention or a large number of other benign etiologies. Tinnitus in general has a broad differential diagnosis. Note that although post traumatic tinnitus may occur it is unclear whether this patient suffered these symptoms prior to the accident. However, it is possible to develop an AVM in a delayed manner. Note that the CT discussed in the note by the ENT specialist is abnormal according to his information but negative according to the reviewer's note. The CT result is not provided to me for review.

It is possible that the patient could have an AVM causing his symptoms and an MRA with contrast would be indicated for such. Thus if the patient's CT and MRI recently has been negative it may be redundant to repeat these studies. If however the CT shows abnormalities as stated by the ENT doctor, the MRA would be reasonable at this time.

Based on the materials provided, it is reasonable to do an MRA to rule out a small AVM causing the patient's symptoms. If the follow up studies are negative it would definitely rule out that the tinnitus is post traumatic in origin.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS  
USED TO MAKE THE DECISION:**

References: <http://www.mayoclinic.com/health/tinnitus/DS00365>  
[J Laryngol Otol.](#) 2007 Nov;121(11):1103-7. Epub 2007 Feb 13  
[Clin Neurol Neurosurg.](#) 2006 Sep;108(6):576-9.