

I-Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 22, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

CT scan of the lumbar spine and CT scan of the cervical spine

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

AADEP Certified

Whole Person Certified

TWCC ADL Doctor

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters: 1/2/08, 12/4/07

2008 Records from Spine & Rehab: 1/8/08, 1/9/08, 1/31/08, 1/24/08, 1/18/08, 1/15/08, 1/14/08, 1/10/08

2007 Records from Spine & Rehab: 1/8/07, 1/18/07, 2/16/07, 2/14/07, 2/18/07, 2/20/07, 2/27/07, 2/26/07, 2/23/07, 2/21/07, 2/5/07, 2/12/07, 2/7/07, 2/5/07, 2/2/07, 3/5/07, 3/6/07, 3/7/07, 3/8/07, 3/9/07, 3/15/07, 3/19/07, 3/20/07, 3/21/07,

3/23/07, 3/26/07, 3/28/07, 3/30/07, 4/26/07, 4/24/07, 4/23/07, 4/22/07, 4/19/07,
4/11/07, 4/10/07, 4/9/07, 4/5/07, 4/3/07, 5/1/07, 5/8/07, 6/5/07, 6/28/07, 7/3/07,
7/4/07, 7/9/07, 7/16/07, 7/17/07, 7/19/07, 7/23/07, 7/30/07, 8/21/07, 8/27/07,
8/22/07, 8/20/07, 8/14/07, 8/9/07, 8/6/07, 8/1/07, 8/28/07, 8/30/07, 9/6/07,
9/12/07, 10/16/07, 11/1/07, 11/20/07, 12/20/07, 12/21/07
2006 Records from Spine & Rehab: 1/16/06, 2/20/06, 3/31/06, 3/30/06, 4/12/06,
4/5/06, 4/10/06, 4/11/06, 4/7/06, 4/6/06, 4/4/06, 4/3/06, 4/28/06, 4/27/06, 4/26/06,
4/24/06, 4/18/06, 5/30/06, 5/22/06, 5/9/06, 5/5/06, 5/4/06, 5/11/06, 5/3/06, 6/6/06,
6/15/06, 6/21/06, 7/31/06, 7/13/06, 7/3/06, 8/18/06, 8/17/06, 8/14/06, 8/11/06,
8/10/06, 8/9/06, 8/7/06, 8/3/06, 8/21/06, 9/28/06, 9/21/06, 9/8/06, 10/24/06,
10/23/06, 10/20/06, 10/19/06, 10/18/06, 10/6/06, 10/13/06, 11/17/06, 11/8/06
2005 Records from Spine & Rehab: 7/28/05, 8/31/05, 8/18/05, 8/4/05, 8/2/05,
9/12/05, 7/28/05, 8/8/05, 11/4/05, 11/14/05
MD, 3/21/07
MRI Right Shoulder, 9/20/03
MD, 12/12/07
MD, 11/5/07, 8/18/05
MD, 8/8/06, 7/11/06, 12/27/05, 12/1/05, 11/1/05
Operative Reports, 12/12/05, 5/3/04
MD, 6/18/04, 3/15/04
MD, 1/24/03, 2/21/03
MD, 3/26/02, 8/22/02, 1/28/04
MD, 4/11/03, 2/20/03, 11/19/02
MD, 8/29/07
MD, 2/8/05, 10/23/03, 8/10/04
11/14/01
D.C., 10/23/02, 3/3/03, 1/20/03
DC, 7/3/03, 7/28/03
MD, 7/28/03
MD, 5/4/04
6/15/05
MD, 5/3/04
9/7/01
10/1/01
5/16/07
MD, 10/4/05
PhD, 8/31/04
MD, 4/1/04
Functional Abilities Evaluation, 6/15/06
Physical Performance Evaluation, 5/9/06

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee was involved in an occupational injury and underwent surgery to the cervical and lumbar spine. The injured claimant has been experiencing progressive neurological dysfunction. The treating doctor has requested an imaging study in the form of a CT scan of the lumbar spine and cervical spine.

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

The reviewer finds that medical necessity does not exist for a CT Scan of the Lumbar Spine and a CT Scan of the Cervical Spine. The patient does not meet ODG criteria. Since the claimant underwent surgery to the cervical and lumbar spine, an advanced imaging study would be recommended; however, MRI is currently the study that is recommended according to ODG, not CT scan.

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)**