



Notice of Independent Review Decision

DATE OF REVIEW: 4/13/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CPT 78608: PET scan of brain (metabolic evaluation)

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from and completed training in Neurosurgery at. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Neurosurgery since 11/13/1992 and currently resides in .

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) CPT 78608: PET scan of brain (metabolic evaluation)

Upheld **INFORMATION PROVIDED TO THE IRO FOR**

REVIEW

1.

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a female who presented with a work related injury on xx/xx/xx. The injured employee has undergone multiple surgical procedures including lumbar laminectomy, decompression, and fusion L4-5, L5-S1. She has also undergone radiofrequency thermocoagulation L5, S1, S2, S3 on the left. A spinal cord stimulator implant was performed on 6/2000 and removed 9/2003. She was given 100 mg of Fentanyl rather than the prescribed 50 mg. She was admitted into detoxification and had mini-strokes and respiratory failure.

Approximately xxxx years ago the injured worker had a brain MRI which revealed multiple ischemic infarcts and a left parietal hemorrhagic infarct.

Dr. a neurologist, saw the patient on 2/4/2009. He noted that the patient had difficulty with mobility and had wandering thought processes. Dr. stated that she had dementia and later ordered a PET scan.

On 3/16/2009 the injured worker was evaluated by another neurologist. The physician documented that the patient displayed apathy, was confused, incontinent, and unable to ambulate.

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

The injured worker has been evaluated by two neurologists and has a dementia. Neither physician was able to recommend any intervention to improve or treat her dementia.

There is no indication for a PET scan for this patient. PET scans have been used in the evaluation of dementia. Deficits in cerebral glucose utilization have been identified in patients with cognitive dysfunction attributed to various disease processes, but their prognostic and diagnostic value remains to be defined. Although the etiology of the injured worker's dementia is not clear PET scan is not indicated whether the dementia is due to a traumatic brain injury or the cause is unknown.

The American Geriatrics Society has stated that PET imaging is not recommended for routine use in the diagnosis of dementia.

Name: Patient_Name

The American Academy of Neurology has published guidelines regarding practice parameters for the diagnosis of dementia in the elderly. Structural neuroimaging with PET scan in the initial evaluation of patients with dementia is not considered appropriate.

The request cannot be deemed medically necessary and therefore the previous denial is upheld.

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

X 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

X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

-Daniel H. S. Silverman, MD,PhD et al., Positron Emission Tomography in Evaluation of Dementia, JAMA Vol. 286 No. 17, November 7, 2001.

-D. S. Knopman, MD et al., Practice parameter: Diagnosis of dementia (an evidence-based review)
Report of the Quality Standards Subcommittee of the American Academy of Neurology, Neurology 56:1143-1153 (2001).

Name: Patient_Name

-The American Geriatrics Society Guidelines

-The American Academy of Neurology Guidelines