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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/15/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar CT Scan

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

M.D., Board Certified Orthopedic Surgeon

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

ODG Guidelines

Office notes, Dr. 11/5/08, 12/03/08, 1/19/09 and 2/11/09

Adverse Determination Letters, 12/31/08, 2/2/09

Note, Dr. 2/2/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a low back injury on xx-xx-xx. He is treating with Dr. for lumbar pain and some lower extremity pain, numbness and tingling. Per Dr. notes a lumbar x-ray showed minimal retrolisthesis of L4-5 and a lumbar MRI done on 10/15/08 showed a right herniated disc at L4-5. On 12/03/08 Dr. performed flexion/extension x-rays that demonstrated decreased disc height at L5-S1 and a pars interarticularis defect. Dr. recommended a lumbar CT scan to evaluate the pars defect. The study was denied on peer review.

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

The requested lumbar CT scan is not medically necessary based on review of this medical record. This patient was injured in September 2008 and has x-ray studies documenting an L5-S1 pars defect as well as an MRI documenting an L4-L5 disc herniation. There is neurologic deficit to include reflex change and muscle atrophy, but no documentation in the medical record of structural instability on flexion/extension stress lateral x-rays. Dr. has requested a CT scan to provide a greater amount of information on the boney detail at the level of the pars defect. However, a CT scan without dye is not going to show instability, nerve root impingement, or other reason for the neurologic changes. The MRI has already shown a disc herniation. ODG recommends the use of lumbar CT scan in patients who have trauma and neurologic deficit, but in this case the patient has already had an MRI and plain films with good documentation of the anatomy. The reviewer finds the lumbar CT scan is not medically necessary.

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

ACOEM-AMERICA 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)