Medwork Independent Review
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DATE OF REVIEW: **06/24/2009**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Computed Tomography cervical spine, without contrast

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Texas Sate Licensed Doctor of Chiropractic

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)
Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY:
Patient was injured on xx-xx-xx while lifting heavy package into a truck. He began having neck and back pain after this traumatic accident. A previous review note states that the patient was

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diagnosed with a neck sprain/strain. The patient had plain films taken of the cervical spine but no advanced imaging such as an MRI or CT. Documentation states patient complains of tenderness in the cervical area with numbness and tingling sensations in both hands. Physical examination shows the patient maintains limited ROM. Muscle testing reveals bilateral weakness in the upper extremities. There has been a failure to resolve the cervical complaints with conservative care, and the patient is reporting radicular complaints and also functional loss, as is evidenced by the weakness of the upper extremities. The request is for Computed Tomography (CT) of the cervical spine, without contrast.

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

The previous adverse determination should be overturned. Using the Official Disability Guidelines, this patient fulfils the criteria. Indications for CT imaging from the Official Disability Guidelines state suspected cervical spine trauma, cervical tenderness, paresthesias in hands or feet; partial tearing of supporting cervical soft tissues incorporated are presumed by the cervical sprain/strain, which obviously is the result of the on-the-job trauma. Cervical tenderness is well documented within this patient's record. Not only are there paresthesias of the hands bilaterally, but bilateral weakness of the upper extremities and pain radiating down both upper extremities. The requested CT should be approved.

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**

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FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)