

SENT VIA EMAIL OR FAX ON  
Jun/01/2009

## IRO Express Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

**DATE OF REVIEW:**

May/28/2009

**IRO CASE #:**

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

CT scan of abdomen with and without contrast

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

Reviewer is Board certified in Family Practice, CAQ in Sports Medicine

**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**

OD Guidelines

Denial letters 3/18/09 and 4/2/09

Medical Clinic 8/1/05 thru 3/5/09

MRI 2/14/06 and 12/19/03

Regional 7/25/03 thru 10/17/05

CT Abdomen 7/25/03, 7/31/03, 11/10/03, 12/29/03, 2/10/05, 6/20/05 and 10/25/05

**PATIENT CLINICAL HISTORY SUMMARY**

The patient was injured on xx-xx-xx when he was involved in a motor vehicle accident. He was taken to the emergency room for evaluation. Initial evaluation indicated C1 rotary instability, chest contusions, lower extremity contusions and laceration to his right hand

At the time of initial ER evaluation, the patient had a CT of his head, neck, chest and abdomen. The abdominal CT was read by the ER MD as negative for trauma related injury and only showed some slight splenomegaly and a renal cyst. A follow up scan less than 1 week later was unchanged. There were a total 8 CT scans completed from 7/25/03 to 10/25/05 but there are no clinical notes available for this period of time. Although it would be helpful to know what the patient's clinical symptoms and physical exam findings were at the time of his hernia and recurrences, the CT scans do tell us something about the clinical course. The CT of the Abdomen 11/10/03 demonstrated that there was "some herniation of the bowel contents out of the abdomen and pelvis proper just anterior to the iliac wing". The

patient had surgery sometime after that but before the 12/29/03 CT (no notes available but December CT indicates it is a post op exam). The 12/29/03 CT showed some “stranding of fat” just above the iliac crest “suggesting portion of the hernia may still be present”. There are no subsequent CT’s or clinical notes until 2/10/05. The CT scan from this date indicated a “recurrence of the left posterolateral flank hernia which contains a small bowel loop”. The patient had surgery for this on 3/2/05 in which the old mesh was excised and a new piece of polypropylene mesh was placed. A follow up CT on 6/20/05 showed a recurrence of the hernia, but only fat tissue was seen. A subsequent CT on 10/25/05 showed no interval change in this fat herniation. (Patient was seen by Dr. on 10/17/05 prior to this CT—his clinical exam was normal except a muscular denervation type picture)

In looking at the clinical notes from Dr. at the clinic, the patient was seen 21 times from xx-xx-xx-xx until xx-xx-xx. The patient complained of neck and back symptoms for all visits and did not report abdominal symptoms until the visit on 3/5/09. At that time, the patient complained of a right sided knot and left sided cramping pain. There is not an abdominal exam documented and a CT scan is ordered to evaluate the patient for a recurrence of the hernia.

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

In making a decision about this case, one must look at all the evidence and decide if the CT scan of the abdomen is clinically indicated. This is sometimes difficult when there is a lack of availability of clinical notes (would have been nice to know in this particular patient whether his physical exam ever showed the hernias when the bowel started to protrude and whether this was the point that he would become symptomatic) and a lack of proper documentation when notes are available (no abdominal exam documented when the patient is complaining of abdominal pain). In most cases, one cannot rule in favor of authorizing a test without proper documentation of the exam to decide on necessity. However, if one critically looks at the prior history and CT scan reports, the patient has a pattern that has occurred twice. He had a hernia that didn’t initially show on CT that progressed and showed on CT when the bowel started to protrude into the hernia. He then had surgery. Post surgery, he had herniation of fat tissue. This was followed for a year or two until he then had herniation of bowel tissue and required a second hernia repair. Post operatively, he was noted to again have fat herniation that was followed for several months and had not changed 6-7 months post op. He did not have symptoms for 4 years but he did have evidence of a defect on a prior CT. This defect was not going to heal itself. It may remain stable and never need repair but could progress and need repair. Clinical reasons to repair a hernia would be pain, irreducible herniation or incarceration of tissue. Although, we do not know what the clinical exam was at the time the Abdominal CT scan was ordered, we do know he has an existing hernia. A CT scan would show whether this had extended and whether abdominal contents were present.

Although documentation of a change in clinical exam would have been ideal and might better help one discern whether the patient’s pain is really from the hernia site, there is historical evidence in this patient to make the Abdominal CT scan clinically indicated in this patient.

#### **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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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