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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/27/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Total body bone scan 78306

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

Adverse Determinations, 9/23/09, 9/30/09

ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic), Bone Scan

Lumbar Spine, 5 views, 5/12/08

MD, 5/12/08, 5/16/08, 5/21/08, 5/30/08, 6/13/08, 8/27/08, 9/24/08, 10/22/08, 11/12/08, 1/14/09, 2/11/09, 4/8/09, 5/22/09, 7/23/09, 8/20/09, 9/16/09

MRI Lumbar Spine, 6/11/08

Sports Medicine Center, 10/21/08

Lumbar Myelogram, Dr. 3/26/09

Lumbar CT Scan Post Myelogram, 3/26/09

Operative Report, 7/28/09

Letter to IRO 10/8/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man who was injured on xx/xx/xx. He complains of back pain and bilateral leg pain. The pain radiates down both legs posteriorly and laterally to the bottom and tops of the feet. He had an epidural steroid injection without any improvement. He had an MRI scan in June 2008, which shows some disc bulges and essentially a normal study for his age. He had a myelogram post CT scan, which again showed some bulges at L2/L3 and essentially unremarkable study other than evidence of previous laminectomy at L5/S1. Current request is for a total body bone scan as well as some laboratory testing and an EMG/nerve conduction study. This review concerns the request for a Total body bone scan 78306 only.

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

The previous adverse determination cannot be overturned in this case, as medical necessity for a total body bone scan is not met. There is no evidence in the medical records that tumors, stress fractures or infections are present, nor is there evidence of complex regional pain syndrome. Based upon the medical records provided, the patient does not meet the ODG criteria for bone scan. The reviewer finds that medical necessity does not exist at this time for Total body bone scan 78306.

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)