

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/23/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

COMPUTED TOMOGRAPHY LUMBAR SPINE WITHOUT CONTRAST MATERIAL

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

Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute and Chronic)
Office notes, PAC, 05/05/10, 05/12/10
Office notes, Dr., 06/03/10, 06/29/10
Peer review, 06/09/10, 06/25/10
, 6/25/10, 6/23/10, 6/9/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained a work related injury to her low back on xx/xx/xx when she slipped and fell hitting the left side of her low back. The claimant had a previous spinal fusion from T12 through L5 in 2004 or 2005. When the claimant saw Dr. on 05/05/10, the office note indicated that a CT scan of her lumbar spine and x-rays showed no hardware problems. The claimant was initially treated with an injection of Toradol and prescribed aqua therapy. Her back pain persisted and when she saw Dr. on 06/03/10 she had severe pain in her back, hips and legs. A CT scan with contrast was ordered. This was denied by two peer reviews as medical necessity had not been determined and there was no neurological deficit to qualify her for a CT scan. When the claimant saw Dr. on 06/29/10 she complained of persistent pain in her back, left groin and pelvis. She also complained of left leg weakness and pain and numbness into her 4th and 5th toes on the right foot. On examination the claimant had limited range of motion of her lumbosacral spine with flexion of 30 degrees and an extension of 15 degrees. She had a positive straight leg raising on the left at 45 degrees that produced left buttock pain. She also had decreased patellar and ankle reflexes on the left. Dr. again recommended a CT scan of lower lumbar spine.

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

CT scans can be useful to confirm fusion if fusion is in question. However records would indicate studies revealing no hardware problem and certainly are not suggestive of a failure of fusion from the prior intervention. There would appear to be inconsistencies in the records and that initial notes do not suggest any motor or sensory deficits where more recent notes

suggest deficits and the possibility of four levels of radiculopathy. Record indicate this was a simple slip and fall and would not seem to be a significant "trauma." The guidelines would not be satisfied for medical necessity regarding the proposed CT scan. The reviewer finds that medical necessity does not exist at this time for COMPUTED TOMOGRAPHY LUMBAR SPINE WITHOUT CONTRAST MATERIAL.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Low Back

Indications for imaging -- Computed tomography

- Thoracic spine trauma: equivocal or positive plain films, no neurological deficit
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, infectious disease patient
- Evaluate pars defect not identified on plain x-rays
- Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989)

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)