7/5SENT VIA EMAIL OR FAX ON
Jul/05/2010

Independent Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0311
Email: rm@independentresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jul/02/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
MRI lumbar; MRI L Brachial Plexus w/o contrast; MRI Cervical w/o contrast; Venous Doppler left leg; CT Scan of the head

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Neurosurgeon with additional training in pediatric neurosurgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[ ] Upheld (Agree)

[ ] Overturned (Disagree)

[X] Partially Overturned (Agree in part/Disagree in part)

The MRI of the cervical spine, lumbar spine, and brachial plexus are not medically necessary.

The ultrasound of the left lower extremity is medically necessary.
The CT of the head is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 5/21/10 and 6/15/10
Dr. 3/23/10
Healthcare 2/18/10 thru 2/22/10

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male with a date of injury xx/xx/xx, when his cement truck rolled over due to a tire blowout causing the vehicle to flip. He sustained multiple abrasions, open frontal skull fracture with extra-axial hematoma, concussion, left pre-

orbital contusion, left orbit fractures, possible left zygomatic arch and bilateral nasal bone fractures. A CT of the head on 02/22/2010 showed no significant interval changes in the small left frontal lobe extra-axial hematoma. There was a CT of the cervical of the cervical spine performed (results unknown). The claimant complains of generalized pain, headaches, neck pain and pain of the left side of the body with numbness and tingling, left leg swelling, blurred vision in the left eye, left leg swelling. His examination reveals weakness s on the left that may be pain-related. He may have some foot weakness on the left, as well. He has tenderness in the left calf. The provider is requesting an MRI of the lumbar spine, MRI of the left brachial plexus, MRI of the cervical spine, venous Doppler of the left leg, and a CT of the head.

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

The MRI of the cervical spine, lumbar spine, and brachial plexus are not medically necessary. The claimant did not undergo a detailed neurological examination that would reveal a serious condition that would warrant an immediate MRI, such as myelopathy from spinal cord compression. No reflex testing was performed. According to the ODG, “Low Back” chapter an MRI of the lumbar spine is indicated for “myelopathy” or other “red flag” conditions, lumbar spine trauma with neurological deficit, uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. The claimant’s condition meets none of these criteria. The ODG “Neck and Upper Back” chapter have similar criteria pertaining to the cervical spine. MTI of the brachial plexus is not addressed by the ODG. However, again, there is not a detailed enough neurological examination to warrant this study.

The ultrasound of the left lower extremity is medically necessary. The claimant is at high risk for the development of a DVT, given the recent history of major trauma. He has swelling and tenderness to the left calf, which is suspicious for a DVT. The proper workup for this would be an ultrasound of the lower extremity, as recommended by ODG.
The CT of the head is medically necessary. The claimant has a history of an extra-axial hematoma. He has continued headaches and follow-up imaging is warranted to rule out a surgical lesion. According to the ODG, “Low Back” chapter, a CT “also may be used to follow identified pathology or screen for late pathology. CT scans are generally accepted when there is suspected intracranial blood, extra-axial blood, hydrocephalus, …”. Thus, the claimant meets the ODG criteria for a head CT, as the pathology is being followed and there is suspicion for intracranial hemorrhage.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH

ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)