

Clear Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CT Scan of the Lumbar Spine with 3D Reconstruction Views

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

M.D., Board Certified in Orthopedic Surgery
Board Certified in Spine Surgery

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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, ESIS, 1/28/10, 2/11/10
The Medical Center, 6/1/08, 7/8/08, 10/1/08, 6/11/08
Hospital 9/18/08
Medical Center 9/28/08
RN (no date)
Dr., D.C. 12/7/09
Patient information 10/21/09, 10/28/09
M.D. 6/26/09
1/28/10, 2/11/10
Health & Science 2/4/10
World Journal of Surgery Article 10/24/08

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who, according to history, was injured in an automobile accident. The patient had multiple complaints including spinal pain. MRI scans were performed, revealing some minor changes at L4/L5 and L5/S1 as well as at C5/C6. The patient subsequently underwent anterior cervical discectomy and fusion. The patient has previously undergone two CT scans of the chest, initially showing fractured ribs and then subsequently showing healing of those fractured ribs on the CT scan of 05/23/08. The patient also has undergone an MRI scan of the chest. Current request is for CT Scan of the Lumbar Spine with 3D Reconstruction Views.

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

This patient has had multiple complaints and has been extensively investigated. The

patient's rib fractures apparently are healed and/or healing. Given these findings, it is clear there is no established nonunion. Hence, given the previous two CT scans of the ribs showing rib fracture healing, this patient has no obvious indication for further imaging. As far as the Official Disability Guidelines and Treatment Guidelines are concerned, the ODG recommendations are very specific for use of CT scan, and this particular request does not fall within that guideline parameter, either. For this reason, the previous adverse determination cannot be overturned. The reviewer finds that medical necessity does not exist for CT Scan of the Lumbar Spine with 3D Reconstruction Views.

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)