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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 03/16/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical CT scan without contrast

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

Board Certified in Orthopedic 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Cervical CT scan without contrast - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Evaluations with M.D. dated 11/05/XX, 11/22/XX, 01/03/XX, and 01/31/XX
An MRI of the cervical spine dated 12/17/XX
A letter of non-certification for a cervical CT scan, according to the Official Disability Guidelines (ODG) dated 02/03/XX
A letter of appeal from Dr. dated 02/14/XX
A letter of non-certification from M.D., according to the ODG, dated 02/23/XX
The ODG Guidelines were provided by the carrier/URA

PATIENT CLINICAL HISTORY

On 11/05/XX, Dr. diagnosed the patient with chronic neck pain, bilateral cervical radiculitis, ulnar neuropathy, bilateral carpal tunnel syndrome, degenerative stenosis from C3 through C7, and possible pseudoarthrosis at C4-C5 and C5-C6. On 11/22/XX, Dr recommended an MRI of the cervical spine and an evaluation with a urologist. An MRI of the cervical spine on 12/17/XX showed multilevel changes from an anterior cervical discectomy and fusion with severe spinal stenosis, cord flattening, an axillary recess narrowing with varying degrees of neural foraminal narrowing. On 01/31/XX, Dr. recommended a CT scan and Davis series of the cervical spine. On 02/03/XX, Dr. wrote a letter of non-certification for the cervical CT scan. On 02/14/XX, Dr. wrote a letter of appeal for the cervical CT scan. On 02/23/XX, Dr. also wrote a letter of non-certification for the cervical CT scan.

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

The patient has been followed for chronic neck pain. He underwent a cervical fusion in December XXXX. The patient has had ongoing pain since that time. He had a CT myelogram in May XXXX. At this time, there is no convincing evidence that a pseudarthrosis is present, as it would have been detected on the CT myelogram of XXXX. Strictly on clinical grounds, there is no medical justification to perform a CT scan of the cervical spine at this remote date after the arthrodesis.

The ODG does not address the use of CT scan to diagnose pseudarthrosis. The previous reviewers have unfortunately misapplied the ODG, as it does not address this issue and should not be used. This is a decision that should be made strictly on clinical grounds. Therefore, the requested cervical CT scan without contrast is neither reasonable nor necessary and the previous adverse determinations should be upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE AND KNOWLEDGE BASE
- 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)