

Notice of Independent Review Decision

DATE OF REVIEW: 10/28/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CT scan, cervical spine, without contrast

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering cervical spine injury

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
723.4	72125		Prosp.						Overturn

INFORMATION PROVIDED FOR REVIEW:

1. Independent Review forms
2. TDI referral forms
3. Denial letters, 09/19/11, 09/15/11, 09/16/11, 08/22/11, including criteria used in the denial.
4. Appeal Review, 09/19/11 and 08/22/11
5. MES Peer Review, 06/30/11
6. Demographics, Job Injury Registration form, 06/17/11
7. CT scan request, cervical, thoracic, and lumbar spines, 08/10/11
8. MRI scan request, 06/30/11
9. TWCC-73 forms, 07/28/11 and 06/28/11
10. Clinical notes, FNP, and M.D., 07/28/11 and 06/28/11
11. Appeal letter, To Whom It May Concern, 10/04/11
12. Clinical handwritten notes, 09/19/11

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who suffered injury on the job when he was thrown against a brick wall on xx/xx/xx during an assault and altercation. He developed cervical, thoracic, and low back pain. He has a past history of cervical spine surgery at C7/T1 and at L4/L5 with revision surgeries at each level. The examinee has been treated with non-steroidal anti-inflammatory medication, physical therapy, and activity modifications. He has persistent symptoms including cervical pain with pain radiating into his left arm and into the first and second fingers of the left hand. There was an initial request submitted for CT scan of the cervical, thoracic, and lumbar spines. Subsequently the request was limited to cervical CT scan without contrast. These requests were considered and denied, and reconsidered and denied.

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

This individual was reportedly accosted at work and thrown against a brick wall. He has had persistent cervical pain radiating into his left arm with radiation into the first and second fingers of the left hand. He has been treated with non-steroidal anti-inflammatory medication and physical therapy as well as activity modifications. He has persistent symptoms. The patient appears to meet criteria including known cervical spine trauma with severe pain, equivocal or positive plain films, and no neurological deficit. A CT scan without contrast would appear appropriate in the evaluation of this patient for persistent pain with complaints that satisfy radicular quality. Medical necessity for such a diagnostic study appears to have been established.

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

(Check any of the following that were used in the course of your review.)

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)