# I-Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Apr/23/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**
Cervical CT

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**
M.D., Board Certified Pain Medicine

**REVIEW OUTCOME:**
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[ X ] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**
Official Disability Guidelines
Request for IRO 04/04/12
Utilization review determination 03/05/12
Utilization review determination 04/02/12
Clinical note 03/24/06
Independent medical examination 09/18/06
Procedure report chemo denervation 08/15/11
EMG/NCV study 03/01/12
Clinical note 01/24/12

**PATIENT CLINICAL HISTORY SUMMARY**
The claimant is a male who is reported to have been involved in a motor vehicle collision on xx/xx/xx. It is reported that he sustained a loss of consciousness and multiple injuries to his head, hips, neck, right upper back, and low back and bilateral arms, and shoulders. He had the acute onset of neck and low back pain and required closure of a head laceration. He later was diagnosed with mild traumatic brain injury. MRI of the brain with and without contrast dated 02/19/99 was grossly unremarkable. MRI of the cervical spine revealed a C3-4 disc protrusion. MRI of the lumbar spine revealed degenerative disc changes from L4 through S1 with a disc herniation involving the L4-5 disc with left sided compression and a broad based disc bulge at L4-5 with bilateral compression. EMG/NCV of the upper extremities was performed on 04/21/99 and reported to be normal. He later underwent epidural steroid injections of the lumbar spine, and lumbar discogram. The claimant ultimately underwent a lumbar laminectomy with decompression with no benefit. He later underwent surgical treatment of the cervical spine consisting of an ACDF on 08/22/01. Records indicate that the claimant had failed back surgery syndrome and received Botox injections on 08/15/11.

The record includes an EMG/NCV study dated 03/01/12. This study notes findings consistent with a left C6 radiculopathy, and findings of active denervation seen in a C6 myotome. There

was evidence of a mild left proximal ulnar neuropathy.

The claimant was seen in follow-up by on 01/24/12. He is reported to be having increasing depression and spasming in his left arm. He further reports spasms occurring in the bilateral calves. He is reported to be largely housebound as he was told he had many seizures while he was at Touchstone. His current medications include Tramadol, Pristiq, Seroquel 25mg, gabapentin 600mg, Leustatin, diazepam and Lunesta. On physical examination he refused to allow vital signs. He was alert, irritable, and appears to be in pain.

His left shoulder is elevated and internally rotated with his fingers flexed and his elbow flexed. His speech has a somewhat strangulated quality and he is a bit hostile. He has spasm in the cervical musculature, left rhomboid, and trapezius as well as tenderness to palpation and guarding. He has intermittent tremors irregularly in his left upper extremities. He is noted to have bilateral rotator cuff surgery scars. He is opined to be status post moderate to severe traumatic brain injury, remotely; with ongoing endocrine dysfunction, pain, spasm, questionable seizure history, and mood disorder. He reports an intermittent history of bowel incontinence. He is noted to have a history of basilar skull fracture and has three hormonal systems, which were disrupted. It is unclear if he can have an MRI. recommends CT of the neck and shoulder to address the possibility of failed hardware.

The initial review was performed on 03/05/12 by who non-certified the request noting that the claimant suffers from chronic neck pain as well as chronic depression and behavior disorder. He has not suffered any new cervical injury recently. He notes there are no new or progressive neurologic deficits on his last examination. He opines it is unclear as to how CT would further develop treatment status.

On 04/02/12 the appeal request was reviewed by. non-certified the request and notes the claimant has complaints of trapezial and rhomboid regional pain with associated spasms. It is noted Official Disability Guidelines recommends CT of cervical spine provided the patient meets specific criteria to include noted cervical trauma with associated significant and clinical findings of previous plain films revealing significant findings. The claimant is noted to have complaints of tremors in left upper extremity. CT scan would not show tremors. There are no cervical neurologic deficits on physical examination to justify CT scan.

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

The available medical record indicates the claimant has chronic history of cervical pain secondary to motor vehicle accident. The claimant also is noted to have history of traumatic brain injury. The submitted clinical records indicate the claimant has cervical myofascial pain but is without evidence on physical examination of progressive neurologic deficit. The claimant would not meet criteria per Official Disability Guidelines for the requested Cervical CT. The reviewer finds no medical necessity for Cervical CT.

**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)**