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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/30/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
cervical CT scan

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

M.D., Board Certified Neurosurgery

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

Official Disability Guidelines

Office notes Dr. dated 6/1987 – 11/2003

Radiographic reports dated 01/17/03 including cervical myelogram, lumbar myelogram, CT scan of lumbar spine, CT scan of cervical spine

Office notes Dr. dated 11/24/03-01/09/12

Texas worker's compensation work status report and notes dated 01/31/08

Medical Center records including admission assessment, history and physical, operative report dated 09/30/09, and discharge summary 10/01/09

MRI cervical spine without and with IV contrast dated 06/22/11

Operative report dated 08/13/10

Radiographic report reports dated 08/13/10 including cervical myelogram CT cervical spine, flexion / extension views of cervical spine

Operative report dated 10/26/10 including history and physical, intraoperative evoked potentials monitoring report ulnar nerve somatosensory evoked potentials, and discharge summary dated 10/27/10

Radiographic report cervical spine dated 05/10/11

Preauthorization review dated 01/30/12

Utilization review determination dated 01/30/12

Preauthorization review dated 02/10/12

Utilization review determination dated 02/10/12

Office note Dr. 2/13/12

PATIENT CLINICAL HISTORY SUMMARY

The injured worker is a male whose date of injury is xx/xx/xx. Records indicate he was pulling a slip from a rotary rig and had onset of severe pain with posterior cervical and intrascapular area. The injured worker is noted to have a history of previous anterior fusion

plate from C5 through C7. CT myelogram of the cervical spine performed 08/31/10 revealed post-operative changes secondary to extensive ACDF procedure extending from C3 through C7. An anterior compression plate was noted in place extending from C4 through C5 with fractures of orthopedic screws at C4 and fixation of orthopedic screws at C5 with inter disc spacer at the C4-5 space. Anterior compression plate extends from C6 through C7 held in place with orthopedic screws at C6 and C7 and appears seated. There is bony fusion extending across C3 and C4. There is moderate spinal canal stenosis noted at the C4-5 level secondary to posterior hypertrophic spurring and posterior ridging. On 10/26/10 the injured worker underwent decompressive C4-5 laminectomy with bilateral C5 decompression and opening of lateral recesses and foraminotomies. The claimant was seen on 08/11/11 nine months after posterior cervical decompression. His condition was noted as quite stable, with good strength in the extremities. He has no true radicular arm pain. He still has the feeling of a little numbness in the upper extremities. He has resumed normal activities, and takes occasional hydrocodone and Soma. On 01/09/12 the injured employee was seen and was noted as having increasingly severe cervical pain and lumbar pain. He states he is having increasing weakness in the arms and legs. He appears to be a little bit weaker. CT scan of the cervical spine and lumbar spine was requested.

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

The claimant has a history of previous anterior cervical fusion extending from C3 through C7. CT myelogram revealed moderate spinal canal stenosis at the C4-5 level, and the injured employee underwent posterior decompression at this level on 10/26/10. Following surgery the injured employee was noted to be doing well with good strength in the extremities and no true radicular arm pain. However on 01/09/12, it was noted that the claimant was having increasingly severe cervical pain and lumbar pain and states he is having increasing weakness in the arms and legs. However, there was no detailed physical examination including assessment of motor, sensory or reflex changes. No plain radiographs of the cervical spine were documented indicating status of previous fusion. While the records suggest that the claimant may be developing early myelopathy, a detailed examination with finding indicative of neurologic deficit based on motor or sensory changes is not present in the medical records. The reviewer finds no medical necessity at this time for cervical CT scan.

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)