

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/16/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CT Lumbar Spine with out dye

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

Orthopedic spine surgeon, practicing neurosurgeon

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 medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

CT lumbar spine 06/21/11

CT head 06/21/11

CT cervical spine 06/21/11

MRI lumbar spine 07/25/11

Early compensability assessment dated 08/09/11

Designated doctor's evaluation 02/27/12

Clinical evaluation dated 05/08/12

Preauthorization determination reports 06/04/12 and 06/18/12

Appeal letter dated 07/03/12

Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained an injury on xx/xx/xx after slipping and falling. Initial CT studies of the head, neck and low back performed on the date of injury ruled out any significant trauma. Some degenerative changes were noted in lumbar spine. MRI of lumbar spine dated 07/25/11 revealed a large focal disc protrusion at L4-5 extending posteriorly causing significant impression on thecal sac with abutment of right and left exiting L5 nerve roots. A right posterolateral spondylitic disc protrusion was also noted abutting the exiting right nerve root at L5. An early compensability assessment completed on 08/09/11 limited patient's injuries to a concussion and sprain / strain injuries of neck and low back.

Designated doctor's evaluation completed on 02/27/12 indicated the patient continued to have severe low back pain. Physical examination revealed no clear focal neurologic deficits. There was loss of lumbar range of motion present and positive Waddell's findings supporting symptom magnification. The patient was recommended for work conditioning program and was not placed at MMI. Clinical evaluation dated 05/08/12 stated the patient's medications included Lortab, Flexeril, and Naproxen. No prior physical therapy or chiropractic treatment

has been completed. The patient reported continuing low back pain and patient utilized 4 point cane for ambulation. Physical examination revealed the patient ambulated with guarded gait. Limping in right lower extremity was noted. Range of motion was deferred and neurologic testing revealed brisk reflexes in lower extremities bilaterally. Quadriceps and hamstring weakness was noted mild in severity. There was mild weakness in right extensor hallucis longus. No gross sensory deficits were noted in lower extremities. The patient was recommended for CT myelogram studies to determine if disc herniation at L4-5 was calcified to determine whether the patient would require physical therapy or further pain management.

The request for repeat lumbar CT was not recommended as medically necessary by utilization review on 06/04/12 as the patient had not completed any recent conservative treatment to include physical therapy or chiropractic treatment, and there was insufficient documentation supporting significant change in patient's symptomatology that would support repeat CT studies.

The request for CT of lumbar spine was denied utilization review on 06/18/12 as there was lack of information regarding the patient's neurologic deficits or any indication of recent radiographs.

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

The request for lumbar CT without dye would not be considered medically necessary based on current evidence based guidelines. The clinical documentation submitted for review does not demonstrate a clear progressive neurologic deficit in lower extremities that would reasonably support additional advanced imaging studies to include CT. The MRI from 2011 clearly identified lumbar pathology at L4-5 and MRI findings are clearly sufficient in order to delineate the patient's care. Upon review of the most recent clinic notes, the requested CT studies would not be used to plan any future surgical procedures. As the clinical documentation submitted for review clearly does not meet ODG guidelines regarding CT studies of lumbar spine, the prior denials would be upheld.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES