

SENT VIA EMAIL OR FAX ON
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NOTICE OF INDEPENDENT REVIEW DECISION

Jan/13/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CT Scan Myelogram Cervical

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

Board Certified 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who has sustained cervical injuries as result of xxxxxoccurring on date of injury. The submitted clinical records include radiographic report of cervical spine which indicates disc space height loss at C4-5, C5-6 and C6-7 with anterior osteophytes at C3-4, C4-5, C5-6 and C6-7. There is no subluxation noted on flexion / extension views. The record includes MRI of cervical spine which notes mild disc space narrowing and desiccation at C3-4 with 2 mm disc bulge that is slightly asymmetric to right thecal sac to right of midline. There is no cord compression, canal or foraminal stenosis and facet joints are within normal limits. When compared against previous study, the disc protrusion has improved. At C4-5 there is moderate disc narrowing and desiccation. There is 1-2 mm disc bulge with minimal effacement of ventral thecal sac and no cord compression. There is no significant foraminal stenosis. At C5-6 there is moderate disc space narrowing and desiccation. There is no cord compression, no significant canal or foraminal stenosis. At C6-7 there is mild anterior spurring. There is mild to moderate disc narrowing and desiccation. There is 1-2 mm disc

bulge which is slightly asymmetric to the right. There is no focal disc herniation, no cord compression, and no central canal or foraminal stenosis. Records indicate the claimant was seen by Dr. on xxxx. She is reported to have cervical disc herniation secondary to xxxx xxxxx occurring xxxxx. She has had continued neck pain and been evaluated by chiropractor with improvement of her pain to small degree but it persists. She underwent physical therapy and epidural steroid injection with short term relief. She noted when she finished therapy her pain reoccurred and continued to persist. Until about xxxx ago when she woke up and had transient difficulty moving her arms. She underwent MRI which showed herniated disc at L4 level on right. Physical examination indicates she is alert and oriented in no acute distress. Cranial nerves II-XII are intact. Motor strength is graded 5/5 in upper and lower extremities except for grip strength bilaterally which is reported to be 4+/5. Sensation was intact to light touch and pinprick with exception of left index finger and right 5th finger. Reflexes were 2+ and symmetric. There is no Hoffman's. She has good range of motion of neck. Dr notes it is difficult to pinpoint were symptoms are related to cervical disc herniation as there are no clear cut defined C4 radicular syndrome. She is recommended to obtain CT myelogram.

The initial review was performed on xxxxx by Dr.. Dr. non-certified the request noting there is no evidence of cord compression, no significant canal or foraminal stenosis at these levels. Current information on subjective complaints, objective information findings, and functionality is not provided. He subsequently non-certified the request.

The appeal review was performed by Dr. on 12/09/11. Dr. non-certified the request noting the claimant has one-year history of cervical pain thought to be attributable to motor vehicle accident. She underwent MRI on 10/11/10, which was reported to show central and right paracentral disc herniation as of C3-4 level. Subsequent repeat imaging performed on 10/03/11 notes paracentral disc herniation has essentially resolved. There is no evidence of nerve root impingement. He notes the record does not indicate the claimant has progressive neurologic deficit and claimant does not meet criteria.

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

The request for CT myelogram of cervical spine is not supported as medically necessary. The submitted clinical records indicate the claimant has history of C3-4 disc herniation, which has improved on repeat imaging. The records provide no detailed data to suggest the claimant has progressive neurologic deficit, which would warrant performance of CT myelogram of cervical spine. Additional diagnostic studies may be indicated such as EMG/NCV of bilateral upper extremities, as the guidelines recommend. At present given lack of objective data establishing presence of progressive neurologic deficit, noting improvement of C3-4 disc herniation on serial MRI, medical necessity of the request is not established, and previous utilization review determinations are upheld.

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)