

Prime 400 LLC

An Independent Review Organization
8760 A Research Blvd., #241
Austin, TX 78758
Phone: (530) 554-4970
Fax: (530) 687-9015
Email: manager@prime400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/29/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Cat Scan

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

M.D., 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds that medical necessity exists for Lumbar Cat Scan.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes 01/11/08-06/19/12
Procedure note 10/23/08
MRI lumbar spine 01/25/05
Procedure note 08/05/10
Operative reports 08/30/10 and 08/31/10
Undated clinical note
Prior reviews 06/07/12 and 06/28/12
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury. The patient was status post lumbar laminectomy from L2 to S1 completed. Post-operatively the patient was followed for chronic low back pain and lower extremity pain. The patient's most recent medication usage has included Butrans patches. Physical examination on 02/06/12 revealed tenderness to palpation in the paraspinal musculature of the lumbar spine. Hyperesthesia was reported in the anterolateral aspect of the thighs and there was weakness in the right extensor hallucis longus and anterior tibialis. Achilles reflexes were absent in the lower extremities bilaterally. The patient was prescribed Lyrica 75mg BID and Relafen 500mg BID at this visit. Clinical evaluation on 05/21/12 indicated the patient continued to have complaints of severe low back pain. Physical examination revealed unchanged findings from the February 2012 physical examination. Radiographs at this visit revealed grade 1 spondylolisthesis with 5mm

translation at L4-5 on flexion and extension films. Dr. indicated that he was suspicious for a pars interarticularis fracture and the patient was recommended for a lumbar CT. Follow up on 06/19/12 stated that the patient continued to report lower extremity radicular symptoms that were intermittent and variable. Physical examination revealed patient ambulated with a four wheel walker. Lower extremity findings were unchanged from prior evaluations. The clinical note stated the patient's lumbar laminectomy was effective for the patient's radicular symptoms and the patient was recommended again for CT of the lumbar spine. The request for CT of the lumbar spine was denied by utilization review on 06/07/12 as there was no evidence of progression of neurological deficits and prior imaging reports were not provided for review. The request for CT of the lumbar spine was again denied by utilization review on 06/20/12 as there was no documentation of neurological deficits.

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

Although the physical examination findings do reveal persistent but stable neurological deficits to include right lower extremity weakness and absence of Achilles reflexes, the lumbar flexion extension films performed on 05/21/12 revealed grade 1 spondylolisthesis and translation at L4-5 with flexion and extension at 5mm. Given this evidence of instability at L4-5 a lumbar CT would be reasonable and necessary in order to evaluate for pars articularis fractures that would be possibly contributing to the patient's continued low back pain. The request is consistent with the ODG indications for imaging. The lumbar CT study requested for the patient would help delineate further treatment for the patient and would be considered standard of care. The reviewer finds that medical necessity exists for Lumbar Cat 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)