

Notice of Independent Review Decision

April 23, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Is the CTA of the head and carotid medically necessary

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

I certify that I hold appropriate credentials to conduct this review. I received my medical degree. I completed a residency in neurosurgery and a fellowship in pediatric neurosurgery. I hold active and unrestricted licenses in Texas, Minnesota, South Carolina, Georgia, Missouri, Tennessee, North Carolina, Colorado, California, Oklahoma, Mississippi, Louisiana, and Virginia. I am Board Certified in Neurological Surgery by the American Board of Neurological Surgery.

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 of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records Received: 17 page fax 04/03/13 Texas Department of Insurance IRO request, 40 pages of documents received via fax on 04/03/13 URA response to disputed services including administrative and medical. Dates of documents range from 02/07/12 to 04/03/13.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury on xx/xx/xx. The clinical note dated 09/27/2012 reported the patient had a chief complaint of headache, ear

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symptoms, nasal symptoms, and dizziness. The patient reported severe nose bleeds. The patient had a history of prior studies including MRI of the IAC on 09/14/2012 that was reported to be normal. Physical examination revealed no bleeding from the bilateral nares, deviated septum to the left with 100% obstruction, bilateral nasal turbinates and 3+ uvula hypertrophy. The patient was recommended for MRA of the head and continued medication management. Functional restoration note dated 12/20/2012 reported the patient had been previously treated with 18 sessions of individual psychological therapy. The patient had undergone a prior MRI of the brain on 02/07/2012 that revealed no acute intracranial abnormalities. The note reported the patient was anxious about a previously discovered aneurysm. The patient was recommended for continued individual counseling sessions.

The clinical note dated 01/11/2013 reported the patient had undergone a prior CTA that reportedly revealed mild degenerative disease in the bilateral carotid arteries and no aneurysm. The note reported the patient was told he had an intracranial aneurysm. The patient denied seizure activity but did report some diplopia when he looks the extreme right side. Physical examination reported the patient was oriented x3, had fluent speech, cranial nerves were intact, some diplopia without nystagmus on looking to the right side with 5/5 motor strength. The patient was recommended for a repeat CTA of the head and neck as well as an MRI of the brain and a neurology consult.

Utilization review completed on 01/28/2013 reported the requested CTA of carotid arteries and CTA of head were non-certified due to prior imaging studies not being submitted for review and no documented significant change in the patient's subjective and objective clinical findings to warrant repeat studies. The request was again reviewed and denied on 02/27/2013 due to lack of submission of the prior studies and no significant progression of symptoms.

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

The request for CT of the head and carotid arteries were previously denied due to lack of submission of the previous studies and no significant change in the patient's symptoms. There is still no independent imaging studies submitted for review to assess the quality and findings on prior diagnostic procedures. The notes provided still do not document any significant progression or change in the patient's symptoms to warrant repeat studies. Therefore, this reviewer agrees with the prior denials in this case.

Official Disability Guidelines, do not address
ACR, Appropriateness Criteria, Online Edition
ACR-ASNR Practice Guideline for The Performance and Interpretation Of
Cervicocerebral Computed Tomography Angiography (Cta)

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III. INDICATIONS

Indications for CTA of the head and neck vessels include, but are not limited to, the diagnosis, characterization, and/or surveillance of:

1. Arterial and venous aneurysms or pseudo aneurysms [2-8].
2. Stroke and vasospasm [9-15].
2. Atherosclerotic occlusive disease [16-20].
3. Nonatherosclerotic, noninflammatory vasculopathy.
4. Traumatic injuries to arteries and veins [21-23].
5. Arterial dissection and intramural hematoma [24,25].
6. Venous and dural sinus thrombosis.
7. Congenital vascular anomalies.
8. Vascular anatomic variants.
9. Vascular interventions (percutaneous and surgical) [26-33].
10. Vasculitis and collagen vascular diseases.
11. Vascular infection.
12. Head and neck tumors of vascular origin, with rich vascular supply or invading vascular structures [34-37].

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

- ACOEM- AMERICAN 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) *listed on page 6*
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)