

MEDRx

3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph 972-825-7231 Fax 972-274-9022

Notice of Independent Review Decision

DATE OF REVIEW: 1/15/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of MRI of Head 70551.

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

The reviewer is a Medical Doctor who is board certified in Occupational Medicine.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of MRI of Head 70551.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

Texas Department of Insurance

These records consist of the following (duplicate records are only listed from one source):

Records reviewed from Texas Department of Insurance

Texas Department of Insurance

Intake Paperwork

Records reviewed

Denials- 11/30/12, 12/12/12

Office Notes- 12/5/12

MMI Evaluation- undated

Letter- 12/7/12

Progress Notes- 11/21/12

Patient Referral- 11/21/12

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

On xx/xx/xx stated that this woman was a xx. She was seen who stated that she inhaled unspecified gas fumes. She was well oriented to person, place, and time and knew the President of the United States and the governor of Texas. Her vital signs were stable and her neurological examination was completely normal. The stated diagnosis was inhalation of gas fumes and headache. She was referred to a neurologist and no neuromuscular deficit was found.

On 12/5/12 the claimant was seen. Two months after her first evaluation on 10/9/12 a comprehensive evaluation she says that she felt like another person. Topiramate was recommended and she was given a five days' supply that worked like a charm. Her headache went away immediately unfortunately the carrier has not approved the Topiramate as they found that it was not indicated. She was going to talk to her attorney. A requested MRI was denied as the doctor does not describe any objective physical findings of any neurological findings or CT scan finding to require an MRI.

A file review reported that there were no clinical findings. The medical records were reviewed. She had taken Topamax but the dosage and frequency was not known. A diagnostic CT of the head which was undated with no radiologist analysis was reported to be normal. The claimant alleges that she was exposed to fumes and has a headache for five months. She had seen and stated that she wanted to see a neurologist. There were no objective findings described to require an MRI.

An examination is reviewed where the doctor stated that she had worked three trips after her injury and had a frontal headache on the scalp line. Her headaches are constant and her eyes burn. The doctor certainly does not describe any objective physical findings or diagnostic findings. He found her to be 5 feet 5 inches tall and she weighed 150 pounds. Her blood pressure was 132/94 and her heart rate was 75. She was xx years old at the time of examination. The doctor stated that she would reach maximum medial improvement on 2/11/13. There are no neurological deficits and the entire neurological examination was

normal. The Romberg test was negative. The Barany test was negative. She had prior history of a hysterectomy, right knee meniscus repair and hypertension.

Her current medications include Lexapro, Benicar, Levothyroxine, and hormone medication. There is currently no treatment pending. Her occupation is a flight attendant.

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

Recommend denial of requested services. This is a xx. She says that she inhaled some toxic fumes; however no neurological deficit has been documented in the entire medical record. A CT scan of the head has not been reported to show any abnormality. She does have a history of prior headaches and chronic depression. She has been on Lexapro, Benicar, Levothyroxine, and hormone medication. There are no objective neurological deficits noted. The CT scan of the head is normal. There are no objective residual neurological findings to require an MRI. An MRI is not medically necessary and not medically documented.

The ODG guidelines of an MRI states that it is used when there is lack of available information on the CT scan or any clinical neurological findings, to determine the neurological deficit not explained by a CT scan, to evaluate prolonged interval of disturbed consciousness, or to define evidence of acute changes superimposed on previous trauma. In this person there has been no history of any acute trauma by way of direct impact. She did not fall and nothing fell on her. She has chronic psychological issues and hypertension which may be causing her headaches. I can't find any scientific literature to indicate that her headaches have anything to do with inhalation of any fumes or toxic gases. There are no other findings of the body including an effect on the lungs, liver, kidneys, or any GI tract. The inhalation is a temporary event and would have cleared up within one week. In the absence of any correlating objective findings or anything suggestive on the CT scan or neurological examination an MRI is not medically necessary and not medically appropriate. Similarly, Topamax was only used as a trial and Topamax is meant for non-occupational migraine headaches. I do not find any necessity of any drugs or any MRIs as a result of one single remote episode of alleged injury on 7/12/12.

References:

1. Diagnostic Imaging Utilization Management 2010-2011 Program Guidelines Clinical and Regulatory Programs www.americanimaging.net reviewed today 1/5/12
2. ODG Guidelines

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)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

References:

1. Diagnostic Imaging Utilization Management 2010-2011 Program Guidelines Clinical and Regulatory Programs www.americanimaging.net reviewed today 1/5/12
2. ODG Guidelines 2012