The DYLL REVIEW
We take the worry out of Peer Reviews
25 Highland Park Village #100-177 Dallas TX 75205
Phone: 888-950-4333 Fax: 888-9504-4443

Notice of Independent Review Decision

December 9, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medical Necesity: 70450 CAT Head/Brain W/O Contrast

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 by medical degree from the Texas College of Osteopathic Medicine. I completed a physical medicine and rehabilitation residency. I hold an active and unrestricted Texas license and have experience with worker's compensation claims. I have experience producing Peer Reviews supported by evidence-based medicine. I am Board Certified in Physical Medicine and Rehabilitation by the American Board of Physical Medicine and Rehabilitation.

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.

Upon independent review the physician finds that the previous adverse determination should be Upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records Received: 15 page fax 11/18/13 Department of Insurance IRO request, 15 page fax 11/21/13 URA response to disputed services including administrative and medical. Dates of documents range from 7/23/13 to 11/18/13.

PATIENT CLINICAL HISTORY [SUMMARY]:

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This claimant is a female. On 07/23/2013, she was seen in clinic. At that time, she stated on xx/xx/xx a clock fell out of a closet onto her head. She complained of visual problems and had an eye doctor appointment scheduled at that time. Medications included atenolol. On exam, she had 2+ deep tendon reflexes throughout, the spine was nontender, and she reported occasional headaches. A diagnostic CT scan of the brain was recommended at that time.

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

CT scan of the head/brain is not medically necessary for this patient

The American College of Radiologists in their criteria for CT scans of the head due to trauma indicate that a CT of the head without contrast is known to have low yield. In a study authored by Tabibzadeh, et al., the authors indicate posttraumatic amnesia was significantly higher in patients with abnormal CT scans compared to normal CT scans. “Assessment in patients with vomiting and posttraumatic amnesia seems to be unnecessary in the emergency department, but future studies are recommended.”

This patient had no significant neurological deficits but did report occasional headaches. She reported that this accident occurred on xx/xx/xx but yet apparently did not seek medical care until 07/23/2013. As such, the rationale for proceeding with a CT of the head and brain without contrast has not been demonstrated by the records provided.

References:

- ODG, head chapter, online version
- ACR, guidelines for head trauma
- Tabibzadeh, Seyed Ashkan, et al. "Assessment of Brain Computed Tomography Indications in Minor Head Trauma." International Electronic Journal of Medicine 2.2 (2013): 55-61.
- Smits, Marion, et al. "Minor Head Injury: CT-based Strategies for Management—A Cost-effectiveness Analysis1." Radiology 254.2 (2010): 532-540.

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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)