

Independent Resolutions Inc.

An Independent Review Organization

Phone Number:
(682) 238-4977

835 E Lamar Blvd. 394
Arlington, TX 76011

Fax Number:
(817) 385-9610

Email:independentresolutions@irosolutions.com

Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Physical Medicine And Rehab

Description of the service or services in dispute:

CT Scan

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)

Patient Clinical History (Summary)

The patient is a xx year old female who was injured on xx while bending and stooping. The patient injured both the neck and low back. The patient has a pertinent surgical history to include a prior cervical fusion as well as an L5-S1 hemilaminectomy. The patient has been fused from C5 to C7. The patient did have a spinal cord stimulator implanted. The patient's last CT myelogram study was from 11/30/10 which noted postoperative changes from C5 to C7. At C4-5, there was moderate spondylitic change and annular disc bulging superimposing on a left unconvertible osteoarthritis. There was a disc osteophyte complex narrowing the left lateral recess with impingement of the left C5 nerve root at the axilla. The patient was being followed for pain management. Per reports, the patient had been recommended for further CT studies to evaluate the competency of the prior fusion graft. It appears that MRI studies were also being recommended to evaluate for cervical radiculitis. None of reports were available for review. As of 03/09/15, the patient's physical examination was reported as stable with no changes from prior evaluations.

The proposed CT study of the cervical spine was non-certified on 02/06/15 as there was no specific examination of the cervical spine or evidence of changes on physical examination that would warrant repeat imaging studies at this point in time.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient has been recommended for further CT studies of the cervical spine to evaluate incompetency of the fusion graft from C5 to C7. No plain film radiographs were available for review identifying suspicions for pseudoarthrosis from C5 to C7. None of clinical reports were available for review to provide further information regarding the need for CT studies at this point in time. The patient did not present with any significant changes on physical examination in terms of neurological deficit. The patient's physical examination findings have been stable for several months. Given the lack of any indication regarding concerns for pseudoarthrosis in the clinical records, it is this reviewer's opinion that medical necessity for the request would not be established and the prior denials 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 and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)