

# Pure Resolutions LLC

## *Notice of Independent Review Decision*

Case Number: XXXX

Date of Notice: 6/21/2018 6:26:10 PM CST

### Pure Resolutions LLC

An Independent Review Organization

990 Hwy 287 N. Ste. 106 PMB 133

Mansfield, TX 76063

Phone: (817) 779-3288

Fax: (888) 511-3176

Email: brittany@pureresolutions.com

## *Notice of Independent Review Decision*

**Patient Name:** XXX

**Date of Notice:** 6/21/2018 6:26:10 PM CST

**IRO Certification No.:** XXXX

**Case Number:** XXXX

**Coverage Type:** Worker's Compensation

**Amended Date: 07/03/2018**

**Date:** 6/21/2018 6:26:10 PM CST and **amended 07/03/2018**

**IRO CASE #:** XXXX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Lumbar/Thoracic/Cervical – CAT Scan  
Lumbar/Thoracic/Cervical- MRI, and Lumbar/Thoracic/Cervical - Myelogram

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

#### **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Overturned           | Disagree                       |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld    | Agree                          |

**PATIENT CLINICAL HISTORY [SUMMARY]:** This case involves a XX who presented for a follow-up of headache. The patient states that XX second screen was changed to XX which XX continues to take. The patient states that XX headaches continue which are absent in the morning and have a recurrence after XX has been upright for approximately 1 minute. The patient states that previous blood patches provided benefit with the headache going from a 7–9/10 to a 2–4/10. The patient states that XX seems to be ineffective for acute attacks. The patient will utilize XX 3 times per week, XX 6 mg at bedtime, XX 1-2 times per week and XX. The letter of medical necessity from XX notes that the patient appears to have a cerebrospinal fluid leak which has responded to blood patch in the past and requires an MR myelogram of the cervical, thoracic and lumbar spine to find the source of leak, which is likely the underlying cause of the persistent headache after XX most recent concussion.

# Pure Resolutions LLC

## *Notice of Independent Review Decision*

Case Number:XXXX

Date of Notice: 6/21/2018 6:26:10 PM CST

---

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

Medical literature indicates that MRIs are indicated for postoperative fluid collections and soft tissue changes. Literature notes that the site of extravasation was found using gadolinium based MRI myelography. The medical literature also notes that symptoms of a cerebrospinal fluid leak include, nausea and vomiting, neck pain or stiffness, change in hearing, imbalance, photophobia, phonophobia or pain. The documentation indicates that the patient has continued complaints of headache. The physician indicates that the patient may have a cerebrospinal fluid leak which has responded to blood patch in the past. However, there was no indication of any cerebrospinal fluid pressure measurements or other significant physical examination findings to establish the patient's diagnosis of cerebral spinal fluid leak. There was no clear rationale for the requested Lumbar/Thoracic/Cervical – CT scan, MRI and Myelogram. There was also no clear rationale for all three tests at one time.

Therefore, the requested MRI with contrast, thoracic spine is not medically necessary.

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

☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☒ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

1. Zheng, Yake et al. "Diagnosis and Treatment of Spontaneous Intracranial Hypotension due to Cerebrospinal Fluid Leakage." SpringerPlus 5.1 (2016): 2108. PMC. Web. 19 June 2018.
2. American College of Radiology- ACR–ASNR–SCBT-MR PRACTICE PARAMETER FOR THE PERFORMANCE OF MAGNETIC RESONANCE IMAGING (MRI) OF THE ADULT SPINE