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DATE OF REVIEW: 2/27/2019

IRO CASE # XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

“CT XX with contrast” for the patient.

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

M.D. Board Certified in Orthopedic Surgery and Sports 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)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XX-year-old XX with date of injury XX when XX XX at XX and XX XX XX XX/XX on a XX. Per XX last clinic note XX continues to have pain and numbness in the XX, XX XX, and XX XX that is constant but worse with raising the XX overhead. XX has been evaluated with x-rays with no results available in the notes. XX has had an MRI of the XX-XX which showed mild degenerative XX XX at XX-XX and XX-XX with a small XX XX protrusion at XX-XX which has been thought to be clinically insignificant per notes. XX has had an EMG of XX XX XX which showed a XX-XX XX with active denervation. XX has been treated with pain, anti-inflammatory, and XX medications; XX ESI; and XX therapy which have not helped XX symptoms. As of XX last exam XX had worsening pain and numbness in the XX XX with overhead motions. XX had 4/5 strength throughout the XX UE. XX had positive XX test. The current request is for a CT scan of the XX with contrast to evaluate for XX XX syndrome.



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

Per ODG references, the requested "CT XX with contrast" is medically necessary. The patient has clinical and exam signs that could indicate XX XX syndrome and did not have findings on the XX-XX MRI to explain the XX-XX XX noted on EMG. Therefore, evaluation for XX XX syndrome is reasonable. The EMG can evaluate for XX XX XX syndrome but a CT XX with contrast is an acceptable test to look for XX XX XX syndrome which is also supported by XX having a positive XX test on physical exam. With this in mind it is reasonable to do the CT XX with contrast to evaluate for XX XX syndrome to rule out a potentially treatable cause of the patient's XX XX symptoms. For this reason, the CT XX with contrast is approved.

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 KNOWLEDGE BASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW XX 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