CompPartners

DATE OF REVIEW: 4/16/07

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical appropriateness of the previously denied cervical myelogram and post CT scan of cervical spine

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

Texan Licensed Orthopedic Surgeon

REVIEW OUTCOME

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

□ Upheld (Agree)

X Overturned (Disagree)

□ Partially Overturned (Agree in part/Disagree in part)

The previously denied cervical myelogram and post CT scan of cervical spine

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. UM Nurse Summary, undated
2. Chiropractic notes of Dr.
3. Office notes, Dr.
4. Computerized muscle testing exams
5. Pathology reports
6. Anesthesia records
7. Texas Worker's compensation work status reports
8. Notice of medical payment dispute
9. Individual Psychotherapy progress notes
10. Educational Group Therapy progress notes
11. Operative report, 03/28/01, 01/15/02 and 02/26/03

12. Independent Medical Evaluation, 09/26/01
13. Surgery, 08/07/02
14. Left shoulder MRI arthrogram, 12/17/02
15. Medicine Institute notes, 02/19/03
16. Work status report, 06/06/03
17. Independent Medical Evaluation, Dr. 07/23/03
18. Psychological evaluation, 09/08/03
19. Chiropractic note, 10/09/03
20. Psychology note, 10/10/03
21. Handwritten note, 10/15/03
22. Pain Management notes, 05/18/04
23. TWCC Hearing report, 06/25/04
24. Work Comp Physician Advisor Review, 08/20/04
25. Procedure note, 01/13/05, 02/02/05, 04/20/05, 09/21/05, 10/19/05, 11/16/05, 04/06/06, 05/17/06, 07/06/06, 11/15/06 and12/20/06
26. Office note, Dr. 01/25/05, 05/02/05, 09/28/05, 0/19/06, 06/16/06, 10/09/06, 11/07/06, 12/06/06, 01/03/07, 01/31/07 and 02/28/07
27. Notes, Dr. 02/07/05, 01/9/06, 02/22/06 and 09/13/06
28. Notes, Dr. 03/07/05, 07/1/105, 10/24/05, 04/10/06, 10/30/06 and 01/22/07
29. Cervical spine MRI, 03/18/05
30. Left shoulder X-ray, CT arthrogram, 09/22/05
31. left upper extremity EMG/NCV, 11/21/05
32. Operative report, 01/06/06, 07/19/06
33. Intracorp Utilization Review Determination, 01/27/06
34. Concentra Utilization Review, 09/01/06, 01/29/07 and 02/06/07
35. Cervical spine MRI, 09/28/06
36. Independent Medical Evaluation, Dr., 01/18/06
37. Request for reconsideration, 02/21/07
38. Request for review by Independent Review Organization, 03/27/07

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Patient's age:	
Gender:	Male
Date of Injury:	
Mechanism of Injury:	Pulling sofa from top shelves, slipped and fell approximately 12 feet onto the concrete floor, landing on left side.
Diagnoses:	Cervical pain and left upper extremity radiculopathy; herniated nucleus pulposus C5-6; left shoulder rotator cuff tear; status-post, left shoulder arthroscopic procedures for impingement; probable brachial plexopathy.

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

The claimant fell approximately 12 feet, landing on concrete on his left side. The patient complained of left shoulder weakness and pain, especially with overhead activities, cervical pain, left upper extremity pain and tingling, as well as numbness and weakness in the left upper extremity down to the fourth and fifth digits of the left hand. An electromyogram/nerve conduction velocity (EMG/NCV) study of the left upper extremity was suggestive of C4 and C6 radiculopathy on the left. The claimant underwent several series of epidural steroid injections (ESI) at C7-T1 with transient relief. He underwent five left shoulder surgeries for impingement and rotator cuff tear. His most recent surgery was an open rotator cuff repair on 1/6/06, which was followed by manipulation under anesthesia of the left shoulder on 7/19/06. The claimant attended substantial physical medicine and rehabilitation programs post-operatively. His left upper extremity symptoms improved somewhat and treatment then centered on his cervical spine pathology. An MRI of the cervical spine, dated 9/28/06, showed 2 millimeter disc protrusions at C3-4, C4-5 and C5-6 with mild central canal stenosis and mild bilateral neural foraminal narrowing at C3-4. ESIs at C5-6, on 11/15/06 and 12/20/06, reportedly provided nearly 80 percent pain relief for a short time. Neurosurgeon Dr. examined the claimant on 1/22/07 for complaints of constant neck and shoulder pain. Dr. reported that the MRI of 9/28/06 showed C3-4 and C4-5 stenosis, but was not of very good quality, as it provided no references to determine the anteroposterior (AP) diameter of the spinal canal. A diagnosis of C3-4, C4-5 stenosis with cervical radiculopathy was documented. Dr. requested authorization of a CT myelogram in order to further evaluate the claimant's cervical spine in preparation for surgical planning. The request was denied by utilization review. The claimant continued to complain of tingling and numbness from the neck down to the fourth and fifth digits of the left hand, as well as associated weakness in the left upper extremity. Examination by Dr. on 1/31/07, found tenderness at the midline of the cervical spine, slightly diminished strength in the left upper extremity, reduced cervical range of motion and noted that sensory testing was positive for numbness and tingling in the fourth and fifth digits of the left hand. An appeal was entered regarding the request for authorization of a CT myelogram. The claimant is a 36 year old gentleman who is apparently having neck and arm complaints since an injury. He has had multiple cervical spine MRI's documenting mild degenerative changes, as well as has had a CT myelogram of the cervical spine in the past without significant abnormality, other than some mild degenerative changes. He has also had an EMG in the past, which was normal. He continued to have ongoing complaints and was treated with ESIs, physical therapy, and multiple medications. His symptoms continued, and on 11/21/05 he had a new EMG, documenting a suggestion of a C4 and C6 radiculopathy on the left. He also underwent a follow-up MRI of the cervical spine, dated 9/28/06, which demonstrated a broad 2 millimeter disc protrusion with mild central canal stenosis C3-4, C4-5 and C5-6 with mild bilateral neural foraminal narrowing of C3-4. He has been seen by a number of different physicians and had further ESIs. There is a request for a CT myelogram and the possibility for surgery. Dr. has been caring for this patient and noted, in his 1/22/07 record, that the MRI was of poor quality with no documentation of the AP diameter of the canal and the patient had stenosis with cervical radiculopathy and may need surgery. This is an unusual case, in that this gentleman has had multiple different diagnostic tests, which have all been non-specific, documenting some mild degenerative change until his most recent EMG, which showed the possibility of two-level cervical radiculopathy. In light of the fact that his treating surgeon has documented this new EMG finding, which is a change in his underlying condition, and the fact that this most

recent MRI was of poor quality and did not determine stenosis or nerve root impingement, and the fact that there may be an indication for surgical intervention, then the requested CT myelogram of the cervical spine is indicated only for pre-operative surgical planning. If this myelogram shows significant stenosis of nerve root abnormality, then it would be reasonable for Dr. to discuss more aggressive treatment with the patient, but if this is the same as the last CT myelogram and the other MRI that just showed mild degenerative changes, then there would clearly be no indication for any type of further testing of the cervical spine out into the future. Therefore, the request for cervical myelogram and post-myelogram CT scan is medically necessary, since there is now a new EMG abnormality and his treating surgeon has documented poor quality of the MRI done, which did not rule-out or rule-in stenosis.

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

[Check any of the following that were used in the course of this review.]

□ 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.

X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.

□ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

□ TEXAS GUIDELINES FOR CHRIOPRACTIC QUALITY ASSURANCE AND 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).

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.