

# Clear Resolutions Inc.

An Independent Review Organization  
3616 Far West Blvd. Suite 337-117  
Austin, TX 7831

**DATE OF REVIEW:**

APRIL 16, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Lumbar myelogram with post CT scan

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

Board Certified Orthopedic Surgeon

**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 or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Office notes of Dr. 02/11/00, 03/31/00, 03/19/01, 04/01/02, 08/01/03, 08/29/03, 09/12/03, 05/19/04, 06/10/04, 09/28/04, 06/14/05,

Operative report 02/11/00

Office notes of PA-C 02/28/00, 05/08/00, 09/11/03, 10/21/03, 12/05/03, 04/05/04, 02/17/05,

Cervical and lumbar myelogram and CT 03/22/00

Lumbar discogram and CT 06/20/00

Operative report 12/12/00

Discharge summary 12/16/00  
Electrodiagnostic results 07/30/01  
Anesthesia report 06/20/03  
CT lumbosacral spine 08/26/03  
Procedure note 09/11/03  
Office notes of PA-C 03/15/04, 07/14/04, 01/27/05  
Procedure notes 04/05/04  
Labs 09/28/04  
History and physical 02/17/05  
Operative report 02/22/05  
Labs 06/14/05  
Office notes of Dr. 06/20/05  
Office notes of Dr. 07/12/05, 12/06/05, 01/31/06  
Request for rhizotomy 07/12/05  
Procedure note 07/20/05  
Office notes of Dr. 08/22/05, 03/20/07  
X-rays cervical spine 06/16/06  
CT cervical spine 06/16/06  
CT head 06/16/06  
CT chest 06/16/06  
CT abdomen 06/16/06  
X-rays pelvis 06/16/06  
X-rays lumbar spine 06/16/00  
X-rays thoracic spine 06/16/06  
Office note of Dr. 02/06/07  
Note to Dr. 02/06/07  
Request for myelogram 02/06/07  
Review by Dr. 02/09/07  
Review by Dr. 03/09/07  
Note from the Patient 03/16/07, 03/21/07, 03/27/04  
Prescription 03/22/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The Patient is a female, injured on. She was treated for cervical and lumbar symptomatology and was diagnosed with right lumbar and cervical radiculopathy, a left L4-5 disc herniation which was contralateral to her symptoms, a central protrusion of C3-6 and right greater trochanteric bursitis. Ultimately on 12/12/00 she underwent an L4 decompressive laminectomy with bilateral L4-5 total facetectomies, and excision of central herniated disk radical L4-5 discectomy and a posterior fusion at L4-5 with the application of a bone growth stimulator.

Dr. evaluated the Patient postoperatively on 03/19/01 and she was doing well with only mild low back pain and intermittent dysesthesias of both legs. She was using a walker when going outside. Tenderness to palpation of the lower lumbar region, especially over the right donor site and a positive straight leg raise bilaterally at 60 degrees for low back pain were noted on examination. Lumbosacral x-rays showed excellent fusion progression at L4-5 with good

position of instrumentation and cages. There were no lucencies to suggest loosening.

The Patient had persistent, residual low back pain and was diagnosed with lumbar facet syndrome, donor site pain and trigger points. A CT of the lumbosacral spine performed on 08/26/03 demonstrated a metal and bony L4-5 fusion in anatomic position and a central L3-4 disc herniation without significant stenosis. On 11/09/04 lumbar hardware blocks were given. On 02/22/05 the Patient underwent bilateral lumbar facet injections/chemical facet rhizotomies at L2-3, L3-4 and L5-S1.

Dr. pain management physician saw the Patient on 07/12/05. The examination noted a negative straight leg raise for radicular symptoms but reproduction of axial pain. There was tenderness to palpation of the lumbar paraspinals, specifically at L4-5 and L5-S1, increased with extension maneuvers and limited motion in all planes and a significant amount of spasm in the paraspinal areas. She had a previous excellent response to neurotomy at L3-4, L4-5 and L5-S1, but had a return of pain. On 07/20/05 the Patient underwent radiofrequency neurotomy of the lumbar spine above and below her prior fusion.

The Patient presented to Dr. pain management on 08/22/05 stating she felt she was carrying an extra person around her waist and reported some residual pain in the right hip from the bone graft donor site radiating across the low back and into the right buttock, groin and lateral thigh. She smoked about one pack of cigarettes per day. The examination revealed an antalgic gait on the right, tingling in the right lateral thigh and calf with palpation, 2+/4 patellar reflexes bilaterally and 1+/4 Achilles reflexes bilaterally. Mechanical low back pain, status post L4-5 fusion refractory to recent radiofrequency procedure, post laminectomy and lumbar syndrome with lumbar radiculopathy were diagnosed. Chronic pain management, continuation of current medications and Lortab were prescribed. Dr. recommended a spinal cord stimulator trial. As of the 01/31/06 visit, the Patient reported being unable to proceed with the spinal cord stimulation trial due to a family conflict, but was now very eager to proceed. She complained of burning pain in her feet. There was no distinct exacerbation of radicular symptoms with straight leg raise, reflexes remained 2+/4 at the knees and ankles. There was hyperesthesia in the dorsum of both feet, tenderness to palpation at L4-5 and L5-S1 greater on the right and an exacerbation of back pain with all planes of motion of the lumbar spine.

The Patient appears to have been involved in a motor vehicle accident and was seen in the emergency room on. X-rays of the cervical spine, pelvis and thoracic spine and a CT of the head were normal. A CT of the cervical spine showed mild degenerative disc disease and spondylosis. X-rays of the lumbar spine showed no evidence of acute compression deformity or subluxation of the lumbar spine.

Dr. evaluated the Patient on 02/06/07 for complaints of continued low back pain radiating to the right leg to the ankle as well as donor site tenderness to palpation

despite Toprol, Norco and Neurontin. A normal gait and 3/5 Waddel's signs were noted on examination. Dr. diagnosed the Patient with possible pseudoarthrosis of L4-5, adjacent level disease of L3-4 and rule out L5-S1. A CT myelogram of the lumbosacral spine, EMG studies and continuation of medications were recommended. The request for a CT myelogram was denied on 02/09/07 and 03/09/07 by peer review. Dr. evaluated the Patient again on 03/20/07 for low back pain and tingling down the back of the right leg. She reported almost having to shuffle due to her pain. Continuation of medications and a CT myelogram were recommended.

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

The Patient is a woman who has had ongoing back and leg complaints for many years. She underwent a 12/12/00 L4-L5 decompression and fusion with threaded titanium cages. Post-operatively, she continued to have complaints and has had multiple diagnostic studies to include x-rays. She apparently had an 8/26/03 CT-Scan of the lumbar spine that showed fusion in good position with an L3-L4 disc herniation. Since that time, over the last four years, the Reviewer reviewed the medical cords and noted that she has had multiple different injections including trigger point injections, metal block injections, and facet injections but I do not see any further CT myelograms for evaluation. She did have a CT-Scan of the abdomen, 06/16/06 that talks about post-operative changes in the lumbar spine but these studies are not specifically used to evaluate lumbar anatomy. She also has had x-rays of the lumbar spine 06/16/06 that describes no evidence of acute compression deformity or subluxation. A CT-myelogram has been requested due to the patient's ongoing complaints of back and leg pain.

With a patient like this, often times diagnostic testing needs to be repeated due to different types of treatment. She has had multiple injections in and around her spine which could have given her a bleed or unusual scar tissue or an infection which might account for her ongoing complaints. It is also possible that she has developed less than full union at the level of previous surgery or instability at the level above giving her central stenosis. Therefore, since there is no documentation of a CT myelogram being performed over the last number of years and the patient's ongoing complaints and continued receiving of multiple different injections which could cause a possible complication, the Reviewer believes that the requested CT myelogram of the lumbar spine is appropriate. It may show something specific in the lumbar spine that can be treated and if not then that would indicate there is no need for any further treatment to the structure of the lumbar spine in reference to her ongoing complaints.

**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)