

REVIEWER'S REPORT

DATE OF REVIEW: 08/03/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Dynamic weight-bearing lumbar myelogram with flexion and extension views and post myelogram CT scan.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., Board Certification: American Board of Orthopedic Surgery, with experience in the evaluation and treatment of patients with lumbosacral spine problems

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

TDI Case Assessment

Letters of denial

Orthopedic chart notes dated 04/04, 06/22 and 07/12/2007

Pain management initial evaluation dated 01/04/07 and follow up on 01/15 and 05/09/2007

Lumbar epidural steroid injections on 03/01/07 with follow up on 03/01, 03/29, 04/26/2007

SUMMARY OF INJURED EMPLOYEE CLINICAL HISTORY:

This male suffered an injury to his lumbar spine while driving a forklift. There is no clear historical documentation of the actual mechanism of injury, The patient has undergone three or more surgical procedures on his lumbar spine as a result of this injury. The surgical procedures included lumbar fusion at L5/S1, removal of hardware, and

insertion of spinal cord stimulator as part of pain management treatment. The patient's last myelogram was 03/11/05, demonstrating a small ventral defect at L4/L5. The patient is currently being treated for failed back syndrome with chronic pain management treatment regimens. He has no physical findings suggestive of compressive neuropathy. The patient is diagnosed as significantly depressed.

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

Absent changes in neurological status, repeat lumbar myelogram would not be indicated. If a change in treatment methods is contemplated based on results of this type of examination, such changes should be stated if they are to be considered in the justification for performance of the study. Absent such a clear description of the changes, one cannot justify performance of the study.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines: Frymoyer, The Adult Spine, Second Edition