

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 20, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

CT myelogram with dynamic views

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

MD, Board Certified in Neurosurgery

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

1. Insurance adverse determination letter with rationale dated 8/7/07.
2. Insurance Company request for hearing dated 8/8/07.
3. Office notes from Spine Center, Dr., dated 6/20/07.
4. Operative report dictated by Dr. dated 5/18/05.
5. History and Physical from Medical Center dated 5/18/05.
6. Office notes from Dr. dated 1/13/06, 3/17/06, 6/16/06, 2/6/07 and 5/4/07.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is male who injured himself on XX/XX/XX. He was hauling a safety tank when he apparently lost control of the truck. The truck turned over and he was ejected from the vehicle. He suffered a concussion and a closed head injury as well as injury to his left optic nerve. Since then he has had three spine surgeries, presumably lumbar, although later he had a cervical surgery as well. With regards to the lumbar, he culminated in a three level spine fusion and then later a posterior lateral fusion. The last procedure was performed in 2001 and he describes this as "helping a little". He was seen by Dr. on 6/20/07 with complaints of constant unremitting back pain with constant right leg pain radiating all the way to the bottom of his foot, as well as a burning disasthesia in the sole of his foot and he would also have intermittent left leg symptoms. The pain was worse if he sat for more than 45 minutes, stood for 60 minutes or walked for 15 minutes. Dr. has recommended a dynamic weight bearing myelogram with flexion extension and lateral bending views.

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

This gentleman does appear to need a CT myelogram; however, there was not enough clinical information provided to confirm this. If indeed this patient's symptoms have been static since 2001, a CT myelogram is not a reasonable procedure. If, however, he is developing new symptoms, then indeed a CT myelogram with dynamic views is entirely appropriate particularly in light of the extensive changes in his lumbar spine related to his repeated surgical interventions. Dr. indicates that there is a possibility that this gentleman has transitional stenosis at L2 secondary to his previous fusions. That being the case, this is related to his original injury.

Occupational Medicine Practice Guidelines states that further imaging is only appropriate when surgical consideration is given or when there has been a change in the clinical condition of the patient. Both of these conditions need to be clarified prior to approval of this procedure.

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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
- X 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 CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
* AANS Guidelines for Lumbar Surgery 6/05
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)