

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 8/27/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. Cervical and lumbar myelogram with CT

QUALIFICATIONS OF THE REVIEWER:

This reviewer earned his medical degree from Ross University, School of Medicine, in New York City. He is a member of the American Medical Association (AMA), the American Academy of Physical Medicine and Rehabilitation (AAPMR), the Physiatric Association of Spine, Sport and Occupational Rehabilitation (PASSOR), and the North American Spine Society (NASS). He has numerous publications and has worked as an associate physician in Atlanta, Georgia since 2004.

REVIEW OUTCOME:

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

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

1. Cervical and lumbar myelogram with CT Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note dated 08/08/2007
2. Review organization dated 08/08/2007
3. Request form dated 07/30/2007
4. Utilization review findings dated 06/26/2007
5. Utilization review findings dated 07/25/2007
6. Review case assignment dated 08/09/2007
7. Clinical note dated 08/10/2007
8. Review organization by dated 08/09/2007
9. Clinical note dated 08/23/2007
10. Request form dated 07/30/2007
11. Utilization review findings dated 06/26/2007
12. Clinical note dated 06/26/2007
13. Clinical note dated 06/04/2007 and 06/18/2007
14. Radiology report dated 06/04/2007
15. Clinical note dated 05/04/2006 to 03/15/2007 multiple dates
16. Operative report by MD dated 02/22/2006 to 03/30/2007 multiple dates
17. Clinical note dated 04/29/1999 to 02/09/2006 multiple dates
18. Discharge summary note dated 04/09/1998
19. Operative report by MD dated 04/07/1998
20. History and physical note by MD dated 04/07/1998
21. Clinical note dated 06/21/2007
22. Utilization review findings dated 07/25/2007
23. Clinical note dated 07/25/2007
24. Clinical note dated 06/04/2007 to 07/16/2007 multiple dates

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25. Radiology report by MD dated 06/04/2007
26. Clinical note dated 05/04/2006 to 03/15/2007 multiple dates
27. Operative report by MD dated 05/19/2006 to 03/30/2007 multiple dates
28. Clinical note dated 09/04/2003 to 02/09/2006 multiple dates
29. Discharge summary note dated 04/09/1998
30. Operative report by MD dated 04/07/1998
31. History and physical examination note by MD dated 04/07/1998
32. Operative report by MD dated 04/07/1998
33. History and physical examination note dated 08/23/2007
34. Clinical note dated 08/23/2007
35. Clinical note dated 07/19/2007
36. Clinical note dated 8/15/2007
37. Official disability guidelines note dated 8/23/2007
38. Utilization review findings note dated 6/26/2007 and 6/25/2007
39. Payment of compensation note dated 1/14/1998
40. Clinical note dated 7/19/2007
41. Radiology report by MD, dated 6/4/2007
42. Clinical note dated 5/4/2006 to 7/16/2007 multiple dates
43. Operative report by MD, dated 5/19/2006 to 3/30/2007 multiple dates
44. Clinical note dated 3/25/2002 to 1/9/2006 multiple dates
45. Discharge summary note dated 4/9/1998
46. Operative report by MD, dated 4/7/1998
47. History and physical examination note by MD, dated 4/7/1998
48. Operative report by MD, dated 4/7/1998
49. Review organization note dated 8/9/2007
50. Clinical note dated 8/9/2007
51. Clinical note dated 8/9/2004 to 4/6/2007 multiple dates
52. Radiology report by MD, dated 6/4/2007
53. Clinical note dated 5/4/2006 to 3/15/2007 multiple dates
54. Operative report by MD, dated 3/30/2007 to 2/22/2006 multiple dates
55. Clinical note dated 4/4/2005 to 2/9/2006 multiple dates
56. Operative report by MD, dated 11/18/2005
57. Clinical note dated 3/25/2002 to 2/17/2005 multiple dates
58. Operative report by MD, dated 6/10/2005 and 8/26/2005
59. Clinical note dated 4/29/1999 to 11/26/2001 multiple dates
60. Radiology report by MD, dated 4/29/1999
61. Radiology report by MD, dated 8/3/1999
62. Radiology report by MD, dated 7/29/1999
63. Radiology report by MD, dated 7/16/1998
64. Radiology report by MD, dated 2/18/1999
65. Clinical note dated 7/16/1998 to 2/18/1999 multiple dates
66. Radiology report by MD, dated 4/27/1998
67. Clinical note dated 9/4/2003 to 5/13/2004 multiple dates
68. Discharge summary note dated 4/9/1998
69. Operative report by MD, dated 4/7/1998
70. Clinical note dated 1/22/1998 to 5/14/1998 multiple dates
71. Cervical myelogram note by MD, dated 1/16/1998
72. Radiology report by MD, dated 1/16/1998
73. Radiology report by MD, dated 12/05/1996
74. Radiology report by MD, dated 2/17/1995
75. Radiology report by MD, dated 6/2/1994
76. Clinical note dated 9/9/1993 to 12/22/1997 multiple dates
77. Clinical note dated 4/21/1994
78. Discharge summary note by MD, dated 8/13/1993
79. Operative report by MD, dated 6/16/1993
80. Clinical note dated 2/27/1992 to 7/16/1998 multiple dates
81. Patient record note dated 1/30/1992
82. Operative report by MD, dated 3/7/1992
83. Clinical note dated 9/30/1991 to 9/9/1993 multiple dates
84. Discharge summary note by MD, dated 8/16/1991
85. Clinical note by MD, dated 9/9/1991

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86. Radiology report by MD, dated 8/6/1993

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured worker is a female. According to the notes provided, she was diagnosed with severe chronic mechanical cervical syndrome, C4-5, C5-6, and C6-7 discopathies, and cervical radiculopathies. She underwent an anterior discectomy to C6-7. The worker continued to have chronic pain to the neck, bilateral shoulders, arm, low back, bilateral hip, and legs. She received epidural steroid injections and hydrocodone for the pain. Lumbar spine x-rays indicated no acute changes, but she had degenerative changes with some spondylolisthesis at L4-5. This case is under review to determine whether a cervical and lumbar myelogram with CT is medically necessary.

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

This is a female who has been diagnosed with cervical radiculopathy. The request is to determine the medical necessity of a cervical and lumbar myelogram with CT scan.

After reviewing the documentation available, the patient has had a history of a cervical surgery but there is no documentation of an MRI of the cervical or lumbar spine. The use of CT myelograms is appropriate in patients who are being considered for surgical intervention. There is no indication the patient is being considered for surgery and therefore should initially undergo MRIs to better assess possible sources of the patient's pain.

Therefore the denial for a cervical and lumbar myelogram with CT scan is upheld. These recommendations are consistent with the guidelines below.

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
- 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
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)