

Independent Resolutions Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: 817-274-0868

Fax: 817-549-0311

DATE OF REVIEW: DECEMBER 4, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Myelography, lumbosacral, radiological supervision and interpretation

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office notes, Dr11/18/93, 03/21/94, 05/12/94, 09/14/ 01/11/06, 03/30/06, 04/21/06, 05/11/06, 08/17/06, 07/26/07, 08/09/07, 09/13/07 and 10/01/07

Office notes, Dr., 02/24/05, 06/23/05, 09/12/05, 10/20/05, 12/14/05 and 03/20/06

Office note, Dr. 05/16/05

Thoracic Myelogram, 04/15/94

CT lumbar and thoracic spine, 04/18/06

Operative report, 04/18/06

MR lumbar and thoracic spine, 08/07/07

No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This xx year old male claimant reportedly had a long history of cervical, thoracic and lumbar spine symptomatology. A three level cervical fusion was performed in 2005. Continued neck symptoms and low back pain was reported in 2006 along with increased weakness in the right leg and foot. A lumbar myelogram on 04/18/06 showed no

significant cord or root compression and a herniated disc at L3-4 with stenosis. A 2007 lumbar MRI showed degenerative findings consistent with the claimant's age.

No clear evidence of a neuro compression in the lumbar spine had been revealed by multiple imaging studies. A physician visit dated 09/13/07 noted the claimant with continued low back pain with radicular pain into the right anterior thigh. A lumbar myelogram was recommended for further investigation.

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

This is a gentleman who has had a long-standing history of cervical, thoracic, and lumbar symptoms. In 2005, a cervical fusion was performed. He has had continued neck symptoms as well as low back pain with increased weakness of his right leg and foot. A lumbar myelogram was performed on 04/18/06 showing no significant cord or root compression and a herniated disc at L3-4 with stenosis. An MRI was performed in 2007 showing degenerative changes consistent with his age with no clear evidence of neural compression. The claimant has continued complaints of low back and radicular leg pain traveling into the right thigh.

Based upon the medical records the repeat lumbar CT myelogram is not indicated when a myelogram had been performed in 2005 and an MRI in 2007. There is no documentation of a progressive neurologic deficit to support the need for the diagnostic study.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low Back : Myelography
Recommended as an option. Myelography OK if MRI unavailable

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)**