

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.

DATE OF REVIEW: February 16, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Myelogram w/CT and w/Reconstruction

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

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Requestor include:

- Employer's First Report of Injury or Illness,
- M.D., 07/21/00, 08/02/00, 08/04/00, 08/21/00, 08/28/00, 09/15/00, 09/25/00, 10/13/00, 07/24/01, 08/12/01, 08/13/01, 09/11/01, 10/08/01, 05/17/02, 06/14/02, 06/28/02, 09/10/02, 10/18/02, 05/12/03, 06/09/03, 06/12/03, 06/19/03, 07/07/03, 08/11/03, 11/11/03, 12/08/03, 03/08/04, 04/06/04, 05/05/04, 04/27/04,
- 09/19/00
- , 09/21/00, 02/12/01
- M.D., 11/20/00, 03/09/01, 04/04/01
- 04/04/01, 04/05/01, 04/06/01
- M.D., 06/12/01, 07/16/04, 07/21/06, 12/07/04
- M.D., 08/04/01
- D.O., 10/31/01, 11/20/01, 12/04/01, 12/18/01, 01/07/02, 08/30/03, 08/08/02, 09/27/02, 10/24/02, 11/18/02, 12/16/02, 12/18/02, 01/20/03, 02/17/03, 03/10/03, 03/11/03, 03/21/03, 04/14/03, 08/11/03, 09/05/03, 10/02/03, 10/31/03, 03/08/04
- , 11/20/01, 12/04/01, 12/18/01
- M.D., 07/01/02, 07/26/02
- , 07/23/02
- 04/27/04

- M.D., 12/15/04, 02/23/05, 03/07/05, 05/27/05, 06/08/05, 07/13/05, 08/16/05, 10/05/05, 02/01/06, 03/15/06, 06/01/06, 07/03/06, 07/28/06, 08/07/06, 09/07/06, 10/02/06, 11/09/06, 12/11/06, 12/15/06, 01/02/07, 01/22/07
- 01/12/05, 03/02/05, 04/25/05, 05/30/05, 07/25/05, 07/26/05, 07/27/05, 07/28/05, 07/29/05, 08/08/05, 08/09/05, 08/10/05, 08/11/05, 08/12/05, 08/15/05, 08/16/05, 08/17/05, 08/18/05, 08/19/05
- , 06/23/05, 11/17/06
- M.D., 12/15/05
- 01/12/07, 01/23/07,
- , Inc., 01/30/07

Medical records from the Treating Doctor include:

- M.D., 10/18/01
- , 11/20/01, 12/18/01
- , 07/23/02
- D.O., 08/01/03
- 12/02/04
- M.D., 12/15/04, 01/18/05, 02/23/05, 03/16/05, 04/01/05, 05/27/05, 06/03/05, 06/08/05, 07/13/05, 08/16/05, 10/05/05, 02/01/06, 03/15/06, 06/01/06, 06/02/06, 07/03/06, 08/07/06, 10/02/06, 11/09/06, 12/11/06, 12/15/06, 01/02/07, 01/04/07, 01/22/07
- Consultants, 02/23/05, 06/08/05, 07/13/05, 08/16/05, 08/17/05, 10/05/05, 02/01/06, 03/15/06, 06/01/06, 07/03/06, 08/07/06, 10/02/06, 11/09/06, 12/08/06
- , 06/23/05, 11/17/06
- Institute, 10/07/05

PATIENT CLINICAL HISTORY:

This female who had previously been operated in undergoing lumbar discectomy. She had reportedly been injured on the job at, reportedly working as a cashier and lifting materials out of a basket, injuring her back. She was treated conservatively by chiropractic treatment and pain management including multiple epidural steroid injections in 2001.

In July of 2002, she underwent a CT lumbar myelogram, which only revealed some mild spondylitic change. The patient reportedly continues to have symptomatology and is further treated conservatively during 2002 and 2003, and ultimately is referred to Dr. in neurosurgery in December of 2004 where the patient is noted to have complaints of back and right leg pain. On examination she demonstrated poor motion function diffusely of her right leg and a reported history of bowel of bladder incontinence. CT lumbar myelogram was recommended to rule out possible cauda equina syndrome, but the patient goes on to get additional conservative treatment through Dr. including facet

injections and a psychological evaluation by., who initially saw the patient in March of 2005 and reportedly felt that the patient had some type of conversion reaction.

Ultimately, a CT lumbar myelogram was authorized and performed in June of 2005 and is interpreted by neuroradiology to reveal lumbar generalized stenosis at L4-5 secondary to facet hypertrophy, lateral recess narrowing, as well as foraminal stenosis bilaterally at L5-S1. Dr. interpretation of the study is that additionally there is a spondylolisthesis at L4-5 Grade I. This is not mentioned by radiology. The patient continues to be followed by Dr. in 2006, and because of the psychological problems and also the patient's weight problems was initially not felt to be a surgical candidate.

The patient's pain reportedly progresses and in December of 2006 Dr. now feels that the patient is a surgical candidate for a two level lumbar interbody fusion and decompression at L4-5 and L5-S1. He requests a CT lumbar myelogram because he feels that the patient has not been studied for a year and a half. The study was denied by peer review and I have been asked to give an opinion regarding this denial.

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

There reportedly has been progression of the patient's disease from the original CT myelogram study in July of 2002 to the CT myelogram study of June of 2005 from mild spondylitic change to stenosis at L4-5 and recessed narrowing/foraminal narrowing at L5-S1 bilaterally. There is no documentation that the patient truly has instability or documentation by radiology that the patient has a spondylolisthesis. The review of the records reveals no evidence that flexion and extension x-rays were performed to prove whether or not there is instability and whether there truly is a spondylolisthesis at L4-5. My opinion is that I would agree that there likely is not a good rationale for a repeat lumbar myelogram and follow up CT. In my opinion, the decision as to whether this patient needs surgery and what kind of surgery the patient should have can be made from simple lumbar and flexion/extension x-rays. If there is no evidence of instability and if all that the patient has is lumbar spinal stenosis at L4-5 and L5-S1, it would seem more appropriate that she is a candidate for a decompressive laminectomy at L4-5 and foraminotomies at L5 and S1 bilaterally without the need for the more involved fusion process.

**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)