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IRO America, Inc.

DATE OF REVIEW:

JULY 31, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar myelograms with post CT scans

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

Peer Reviews, 06/19/07 and 06/29/07  
Operative report, xx/xx/xx  
Cervical spine MRI, 10/28/04  
Carotid arterial duplex sonogram, 12/22/04  
Lumbar spine MRI, 01/28/05  
Cervical spine x-ray, 06/13/05  
Office notes, Dr., 01/31/05, 04/11/05, 06/13/05, 08/10/05 12/05/06 and 06/11/07  
Letter of request for cervical and lumbar myelogram 06/21/07 and 07/07/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant was reportedly status post a one level anterior cervical fusion and a 2004 lumbar fusion. The records indicated that the claimant reported ongoing neck and lumbar pain. The records also indicated that the claimant was seeing a psychiatrist for depression and was being evaluated for seizures and carotid stenosis. CT and myelogram were recommended for further evaluation of the cervical and lumbar spines.

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

What is known is this individual has undergone previous lumbar as well as cervical surgery consisting of a C5-6 interbody fusion as well as an L5-S1 fusion. The claimant was seen by Dr. with complaints of right sided pain and numbness from the head to the feet. Myelogram was suggested. The medical records contain very limited objective findings on the physical examination. Records also actually lack any specific complaints from the claimant that would suggest the spine as the source as he has entire body numbness without objective findings being documented. In addition there appears to be a very strong psychological overlay. Therefore, the Reviewer can not certify a lumbar CT myelogram.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low Back/Neck : CT and Myelography

Recommended as an option. Myelography OK if MRI unavailable

Lumbar spine trauma: seat belt (chance) fracture

- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, infectious disease patient

Indications for imaging -- CT (computed tomography):

- Suspected cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet
- Suspected cervical spine trauma, unconscious
- Suspected cervical spine trauma, impaired sensorium (including alcohol and/or drugs)
- Known cervical spine trauma: severe pain, normal plain films, no neurological deficit
- Known cervical spine trauma: equivocal or positive plain films, no neurological deficit
- Known cervical spine trauma: equivocal or positive plain films with neurological deficit

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)