

MEDICAL REVIEW OF TEXAS

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DATE OF REVIEW: JULY 23, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar myelogram and post myelographic CT scan of the lumbar spine

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

MD, Board Certified in Orthopedic Surgery

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

- Medical records dating from the date of injury xx/xx/xx through xx/xx/xx : Center, Operative Procedure, Hospital, Services, (3/24/04), CT scan, Lumbar myelography
- Clinic records (4/03 – 3/07)
- Position cover letter (7/11/07), Clinic records; Prospective Review Determination (1/17/07); Reconsideration (5/30/07), MRI (2/6/06); MD (6/30/05, 10/7/05, 4/13/06)
- Pain records (3/9/07, 2/23/07, 2/2/07, 11/16/06)

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient was injured at work on xx/xx/xx. He sustained an injury to the lumbar spine and developed lower back and right leg pain. An MRI was completed on 6/10/02. This demonstrated a broad based disk bulge at L2-3, a mild broad based disk bulge at L3-4 with no canal stenosis, a central and right paracentral disk protrusion at L4-5 with mild spinal canal narrowing at that level as well as right sided neuroforaminal narrowing, a mild broad based disk bulge at L5-S1 which did not result in canal stenosis. The patient was treated conservatively by Dr. for some period of time with medications and epidural steroid injections. He also underwent physical therapy.

Because of his persistent pain, Dr. performed surgery on 12/20/01 at which time the claimant underwent decompressive laminectomies at L3-4 and L4-5, bilateral L3-4 and L4-5 medial facetectomies with bilateral L4 and L5 nerve root foraminotomies, L4-5 discectomy, L4-5 posterior lumbar interbody fusion with B & P in cages and pedicle screw instrumentation with intertransverse process fusions as well. The patient continued to have significant pain problems postoperatively.

On 2/24/04 patient had a designated doctor exam by Dr. At that time he was claiming persistent lower back symptoms. Examination demonstrated diminished lumbar range of motion. Neurological exam was normal with reflexes at the patella and the Achilles both being 2/2. Sensory and motor testing revealed no motor weakness or sensory loss. The patient was also noted to have had a postoperative MRI on 2/26/04 showing evidence of the surgical procedure at L4-5 without any evidence of recurrent disk herniation. He was felt to be at maximum medical improvement and was given 11% of the whole person impairment rating.

The claimant continued to have chronic back problems. He underwent a medical exam by Dr. on 6/30/05. Dr. noted that he was having continued lower back symptoms as well as complaints of radiating pain into his left leg and into his left great toe. Physical examination demonstrated some weakness in the left leg with tibialis anterior and EHL rated 4+/5. He was noted to have symmetrical patellar reflexes and a diminished left Achilles reflex. Is diagnosis was failed back syndrome with left lower extremity radiculopathy. He suggested a myelographic CT scan of the lumbar spine with thin cuts to allow assessment of the neural tissue and the fusion at the L4-5 level.

On 7/29/05 a lumbar myelogram was accomplished demonstrating evidence of prior lumbar discectomy with anatomic spinal fusion and internal fixation at L4-5, minimal effacement of CSF from the left L5 nerve roots sleeve, small ventral extradural defects at L2-3, L3-4, and L4-5 and evidence of prior L4 laminectomy with wide posterior decompression. Post myelographic CT scan demonstrated multifactorial degenerative changes causing some deformity of the thecal sac at L3-4 and L5-S1. It was also noted that there was some mild effacement of CSF from the left L5 nerve root sleeve in the lateral recess and bilaterally of the L4 nerve root sleeves in the lateral recesses.

The claimant subsequently had a repeat lumbar MRI scan with and without contrast on 2/6/06. This showed post surgical changes at L4-5, possible developing scar anterolaterally outside the thecal sac at the L4-5 level on the left, and a tiny central bulge and left paracentral protrusion at L5-S1 without specific nerve root compression.

On 2/13/06, he was seen again by Dr. who reported he was doing better but had some occasional back pain. He then reviewed the MRI scan. He felt that he was having continued back pain at L4-5 and L5-S1 levels.

On 6/23/06, Dr. again saw the patient with complaints of back pain, some spasms and thigh pain. He felt the claimant was developing adjacent level symptoms at the level above his fusion and he recommended pain management and epidural steroid injections. The claimant underwent further treatment with ESIs. He was seen at Dr. office by his PA, Metcalfe, on 12/22/06. His pain management efforts had apparently been denied. He was taking Hydrocodone. He was complaining of lower back pain radiating to his left leg. Examination demonstrated normal gait pattern. He had 2/4 patellar reflexes, 2/4 right Achilles reflex and 1/4 left Achilles reflex. There was noted to be 5/5 motor strength throughout the lower extremities. Radiographs showed retrolisthesis at L3 on L4. The assessment was post lumbar fusion at L4-5 and adjacent level disease at L3-. A lumbar myelogram and postmyelography CT scan was recommended.

On 3/26/07 Dr. PA saw the patient again. He had had two ESI injections with no significant improvement. He was continuing to take Vicodin and was complaining of back pain and left leg pain with weakness. He complained of some difficulty with gait due to hi left foot slapping on the floor. Examination revealed left sciatic notch tenderness, depressed left ankle reflex, and 4+/5 strength of the left EHL. Again the recommendation was to proceed with myelogram and postmyelogram CT scan. On 1/17/07 a medical review was undertaken regarding authorization for repeat lumbar myelogram and CT scan. It was felt that the medical facts did not warrant repeat CT scan and myelogram of the lumbar spine due in part to the fact that there were no physical examinations done during 2006 and there had been no evidence of nerve root compression on MRI done 2/6/06.

On 5/30/07, Dr. performed a preauthorization reconsideration on the claimant. It was his opinion that the current request did not meet ODG criteria for repeat imaging in that the patient did not demonstrate progressive neurological deficits. Dr. noted that the weakness of the EHL and diminished left reflex had also been present on Dr. required medical exam on 6/30/05. Therefore, it was his opinion that the physical examination was essentially unchanged from 6/6/05 to the present and therefore there was no evidence of progressive neurological deficit.

Dr. subsequently corresponded regarding the non-authorization for the requested service. He stated that claimant was suffering from adjacent segment disease due to his previous L4-5 fusion. He noted he was having severe low back pain radiating into his left leg as well as weakness in his L4 distribution. He sited the beginnings of a left foot drop with weakness in his anterior tibialis. He also noted a positive straight leg raise on the left. It was his opinion that no imaging had been done since 2/6/06 and that the claimant was worsening. He, therefore, felt that updated imaging was appropriate to update the anatomical studies of his lumbar spine and try to determine a source of his persistent pain and left leg weakness.

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

THE *ODG GUIDELINES* SITE STATES THAT FURTHER IMAGING IS NOT WARRANTED AFTER BACK SURGERY UNLESS THERE IS A PROGRESSIVE NEUROLOGICAL DEFICIT. MEDICAL RECORDS ARE CONTRADICTORY IN THIS REGARD. ON THE CLAIMANT'S EXAMINATION ON 12/22/06 BY PA, THE NEUROLOGICAL EXAM SHOWED 5/5 MOTOR STRENGTH THROUGHOUT THE LOWER EXTREMITIES. SUBSEQUENT EXAMS SHOWED WEAKNESS OF THE EHL ON THE LEFT. THIS WOULD THEREFORE DOCUMENT THAT THERE WAS SOME DETERIORATION OF HIS NEUROLOGICAL STATUS. THIS IS A CONTRADISTINCTION TO THE EVALUATION BY DR. IN 2005 WHO NOTED SOME WEAKNESS OF THE EHL AND A DECREASED LEFT S1 NERVE ROOT. THEREFORE, THE MEDICAL RECORDS WOULD SUPPORT BOTH CONCLUSIONS THAT THERE WAS AND WAS NOT A CHANGE IN HIS NEUROLOGICAL STATUS. THEREFORE, THIS FACTOR SHOULD NOT BE THE DETERMINING FACTOR REGARDING FURTHER EVALUATION. OF CONSEQUENCE IS THE FACT THAT HIS PREVIOUS CT MYELOGRAM DID SHOW SOME EVIDENCE OF LATERAL RECESSED STENOSIS AND DECREASED NERVE ROOT SLEEVE FILLING OF THE L5 NERVE ROOT ON THE LEFT SIDE AT THE SITE OF HIS PREVIOUS LUMBAR FUSION. THIS FINDING COULD CERTAINLY INDICATE BONY OVERGROWTH AT THE SITE OF THE FUSION CAUSING GRADUAL CONSTRICTION AND COMPRESSION OF THE LEFT EXITING L5 NERVE ROOT. THIS CORRELATES WELL WITH THE CLAIMANT'S PHYSICAL FINDINGS OF WEAKNESS OF HIS EHL. IT DOES NOT EXPLAIN HIS DIMINISHED LEFT S1 REFLEX, WHICH HAS BEEN PRESENT CONSISTENTLY. IN VIEW OF THE FACT THAT HE HAS CLINICAL FINDINGS AND CONCORDANT RADIOGRAPHIC STUDIES SHOWING EVIDENCE OF POSSIBLE NERVE ROOT COMPRESSION AT THE SITE OF HIS PREVIOUS WORK RELATED L4-5 DISK INJURY, WHICH SUBSEQUENTLY WAS TREATED WITH SURGICAL INTERVENTION, FURTHER EVALUATION IS MEDICALLY REASONABLE IN RELATION TO HIS WORK RELATED INJURY. SPECIFICALLY, A REPEAT MYELOGRAM AND POSTMYELOGRAM CT WOULD APPEAR TO BE APPROPRIATE TO DETERMINE IF HE IS HAVING PROGRESSIVE COMPRESSION OF HIS LEFT L5 NERVE ROOT.

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)