

# True Resolutions Inc.

An Independent Review Organization

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**DATE OF REVIEW:** July 30, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Right leg/lumbar CT myelogram

**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, Dr., xx/xx/xx, 06/20/94

Epidural block report, 06/16/94

Physical therapy notes, 06/22/94, 06/30/94, 07/07/94, 07/14/94, 07/21/94

Office notes, Dr., 08/01/94, 08/19/94, 09/08/94, 09/22/94, 10/20/94, 01/19/95, 03/27/95, 09/28/95, 08/13/96, 11/12/95, 05/28/97, 11/11/97, 06/25/98, 03/06/00, 05/04/00, 10/31/00, 03/29/01, 09/11/01, 09/27/01 12/10/02, 06/12/03, 09/09/03, 03/22/05, 09/23/05, 10/11/05, 04/27/06, 05/03/07 and 05/24/07

Lumbar spine MRI, 09/16/94, 10/03/05 and 05/18/07

Utilization review findings, 06/06/07

Utilization review findings on appeal, 06/14/07

Request for IRO, 07/18/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female who had a history of low back pain from an injury sustained in a motor vehicle accident in the late xxxx with an additional work related injury on xx/xx/xx when she twisted while trying to stop two girls who were fighting. She treated with physical therapy, medications, injections, health club membership and significant weight loss. Through the years she had multiple flare-ups of low back pain and lower extremity radicular pain which were treated with exercise and anti-inflammatory medications. On 05/03/07 the claimant reported significantly increased back pain not helped by Mobic. X-rays on 05/03/07 showed slight narrowing at L3-4 and no significant excessive motion. The claimant noted that she was willing to have surgery to get relief from her symptoms.

An MRI of the lumbar spine on 05/18/07 was interpreted by the radiologist as showing a mild 2mm diffuse disc bulge at L4-5 which had mildly increased with facet hypertrophy resulting in mild left neural foraminal stenosis but without right neural foraminal stenosis; stable mild 2mm diffuse disc bulge at L5-S1 with facet hypertrophy resulting in mild bilateral neural foraminal stenosis but without central canal stenosis; and facet hypertrophy at L2-3 and L3-4 have but without disc herniation or neural compromise. Dr. interpreted the MRI as showing disc desiccation at L4-5 and L5-S1, narrowing at L3-4, flattening of lumbar lordosis, no lytic or blastic lesions and stenosis on AP diameter at L3-4 in particular on axial cuts. A request was made for authorization of a lumbar CT myelogram. The request was denied by utilization review on 06/06/07 and 06/14/07, based on Official Disability Guidelines not recommending a CT myelogram unless an MRI was unavailable, contraindicated or inconclusive, absence of indication that surgery was proposed, and absence of trauma with neurological deficit or myelopathy.

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

The request for a lumbar CT myelogram does not appear to be medically reasonable or necessary at this time. This can often provide supplemental visualization of the neural structures when surgery is to be undertaken but it does not appear that the claimant is a surgical candidate. In addition she has had an MRI of the lumbar spine on 09/16/94, 10/03/05 and most recently on 05/18/07. There is no evidence that these were suboptimal studies or that interpretations were inconclusive. The records do not support that this claimant has a new or evolving neurological deficit on her examination. As such, the Reviewer does not know what information the CT myelogram would provided in the plan of treatment.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates: Low Back – CT Myelogram

Not recommended except for indications below for CT. CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. ([Slebus, 1988](#)) ([Bigos, 1999](#)) ([ACR, 2000](#)) ([Airaksinen, 2006](#)) Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. ([Seidenwurm, 2000](#))

**Indications for imaging -- Computed tomography:**

- Thoracic spine trauma: equivocal or positive plain films, no neurological deficit
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, infectious disease patient

**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)