

IRO Express Inc.

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: 817-274-0868

Fax: 817-549-0310

DATE OF REVIEW: July 30, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical myelogram with post CT scan

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 review, 05/17/07, 06/08/07 and 06/29/07

Office notes, Dr., 06/04/07, 06/17/07

Request for reconsideration, 06/19/07

Request for medical dispute resolution, 07/07/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male, employed as a dockworker, who sustained an injury on xx/xx/xx when a box fell onto his head. The claimant had a history of chronic neck pain and previous anterior cervical fusion at C4-5 and C5-6 in 1998. He presented with increased neck pain, headaches and bilateral shoulder pain after the recent injury. Treatment included chiropractic, physical therapy and activity modification.

Dr. saw the claimant on 06/04/07 for ongoing neck pain. On examination, cervical extension was limited. Reflexes and sensation were intact. Reportedly, a cervical CT from 04/11/07 noted a solid fusion at C4-5 and C5-6 with degenerative disc disease above C3-4 and below the fusion at C6-7, worse at C3-4 with mild central canal stenosis. It was noted the claimant did not wish to pursue non-operative injections. A cervical myelogram with post CT scan was recommended for further evaluation of the cervical spine. The request was non-certified on two separate occasions and Dr. requested a reconsideration of the decision.

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

Request for cervical myelogram with a post CT scan does appear to be medically necessary and reasonable in this male who is status post C4-5, C5-6 fusion in 1998. On

xx/xx/xx he had a traumatic work related injury when a box fell on to his head. In spite of conservative measures of chiropractic, physical therapy and activity modification this patient has had persistent ongoing neck pain and loss of motion. A cervical CT from 04/11/07 noted a solid fusion at C4-5 and C5-6 with degenerative disc above and below the fusion levels with mild central canal stenosis. From report of Dr. on 06/17/07 the claimant is willing to undergo a surgical procedure pending the results of this study. Given that there is previous metal in the spine is a contraindication of MRI. This patient is willing to undergo surgery and the Reviewer's medical assessment is that it is reasonable at this present time to proceed with the above mentioned assessment and evaluation.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates (Neck and Upper Back)

Not recommended except for surgical planning. Myelography or CT-myelography may be useful for preoperative planning

MRI or CT imaging studies are valuable when potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery.

If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended.

Indications for CT

- 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)