



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: June 29, 2007

IRO Case #:

**Description of the services in dispute:**

Lumbar myelogram with post myelogram CT

**A description of the qualifications for each physician or other health care provider who reviewed the decision**

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery in General Orthopaedic Surgery. This reviewer is a fellow of the American Academy of Orthopedic Surgeons. This reviewer is a member of the Pediatric Orthopaedic Society of North American, the Western Orthopaedic Association and the American College of Physician Executives. This reviewer has been in active practice since 1994.

**Review Outcome**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overtured

**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.**

Lumbar myelogram with post myelogram CT is medically necessary.

**Information provided to the IRO for review**

**Records from the State:**

- Confirmation of Receipt of a Request for a Review by an Independent Review Organization, 6/1/07 - 5 pages
- Request for a Review by an Independent Review Organization, 5/31/07 - 3 pages

- Letter from Medical Department, 3/27/07 - 2 pages
- Letter from Medical Department, 4/20/07 - 3 pages

#### Records from The Highpoint

- Letter, MD, 6/1/07 - 1 page
- Radiology report, 10/11/00 - 2 pages
- Radiology report, 3/2/01 - 1 page
- Office notes, Dr. 9/18/06, 3/21/07 - 2 pages
- Order for Myelogram & CT, 3/21/07 - 1 page
- Preauthorization request, 3/22/07 - 1 page
- Letter, MD, 4/13/07 - 3 pages
- Preauthorization request, 4/16/07 - 1 page
- Letter, 5/29/07 - 3 pages

#### Records from the Intercorp

- Letter, RN, 6/14/07 - 3 pages
- Bill, MD, 8/30/06 - 1 page
- Required Medical Examination, MD, 9/2/06 - 4 pages
- Billing, 8/30/06 - 2 pages
- Letter, DO, 3/27/07 - 2 pages
- Letter, MD, 4/19/07 - 3 pages

#### Patient clinical history [summary]

The patient is a female with work related injuries to her lumbar and cervical spine, who has undergone an L4-S1 posterolateral instrumented fusion followed by extension of the fusion to include the L3-4 disc space. These procedures included instrumentation. She has continued pain at her bone graft site and in the posterior left hip and thigh radiating to the ankle associated with numbness and tingling. She had received one epidural steroid injection with improvement in her symptoms. Her treating physician, Dr. ascribes to the L2-3 interspace. He requests a myelogram followed by a CT scan to assess the patient's fusion, presence of central canal and neuroforaminal stenosis and to evaluate the L2-3 interspace. He feels that MRI is not indicated due to instrumentation artifact. Two prior reviews have been performed. The first by Dr. an Emergency Medicine specialist on 03/27/07. He concluded that the CT-myelogram was not indicated due to the absence of acute onset or worsening of preexistent sensory or motor deficits. The second review was performed on 04/19/07 by Dr. an Occupational Medicine specialist. He concluded that the CT-myelogram was not indicated due to the absence of other studies, including neurodiagnostic testing. He recommended an MRI scan because of its superior soft tissue resolution and multiplanar capability and non-invasive nature.

**Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

Lumbar myelogram with a post myelogram CT is medically necessary for this patient with failed back syndrome and persistent low back and leg pain with radicular symptoms. Although MRI has largely replaced myelography and CT scanning for the detection of lumbar disc herniation and spinal stenosis, the presence of instrumentation from prior spinal surgery renders this diagnostic modality ineffective in this setting. The treating surgeon desires to assess the integrity of the prior fusion, determine if an L2–3 disc herniation is causing the presence of central canal and neuroforaminal stenosis and thus the likely source of her persistent pain and radiculopathy. This is a time-tested approach to this situation and is the diagnostic imaging method of choice when metallic artifact renders the MRI non-diagnostic. While electrodiagnostic testing might confirm the presence of a discrete radiculopathy at L2–3, it would not provide the anatomic localization and architectural assessment that the surgeon desires as he contemplates surgical intervention for this patient with multiple past surgeries.

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

ODG Guidelines accessed at: [http://www.odg-twc.com/odgtwc/low\\_back.htm#CT&CTMyelography](http://www.odg-twc.com/odgtwc/low_back.htm#CT&CTMyelography)

1. Anderson RE, Drayer BP, Braffman B, Davis PC, Deck MD, Hasso AN, Johnson BA, Masaryk T, Pomeranz SJ, Seidenwurm D, Tanenbaum L, Masdeu JC. Acute low back pain--radiculopathy. American College of Radiology. ACR Appropriateness Criteria. Radiology 2000 Jun;215(Suppl): 479–85. [15 references].

2. Richard D. Guyer, Michael Patterson, and Donna D. Ohnmeiss  
Failed Back Surgery Syndrome: Diagnostic Evaluation  
J. Am. Acad. Ortho. Surg., September 2006; 14: 534 – 543.