

IRO NOTICE OF DECISION – WC

Page 1

IRO NOTICE OF DECISION – WC

DATE OF REVIEW: 06-10-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical Myelogram with CT Scan

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

Doctor of Chiropractic
Qualified Medical Examiner

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.

Injury Date	Claim #	Review Type	ICD-9 DSMV	HCPCS/NDC	Upheld/Overturn
		Prospective			Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notice of Adverse Determinations (5-1-07 and 5-14-07)
Independent Medical Evaluation (5-10-06 and 12-11-06)
Designated Doctor Evaluation (6-27-06)
Neurological Consult Report and Follow Up (7-17-06 and 8-30-06)

IRO NOTICE OF DECISION – WC

Page 2

Physician Consultation Report (5-7-07)
Consultation for Chronic Pain Program (1-18-07)
Initial Program Evaluation/Daily Report (1-18-07)
Interdisciplinary Functional Restoration Program (1-20-07)
Work Conditioning Daily Note (3-5-07 and 3-6-07)
Pre-Auth Request for a Cervical Myelogram with Post Myelographic CT
(Reconsideration 5-9-07 and For Medical Dispute Resolution 5-17-07)
CT & X-rays of Cervical Spine (9-25-06)
Employee's Request to Change Treating Doctors (4-13-07)
Texas Workers' Compensation Status Report

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was walking and tripped over a box and fell while at work, striking the right side of the head, face, shoulder, upper arm and right hip on a pole as well as striking the left elbow on a counter. Past medical history reports prior injuries, apparently work related, to the right shoulder, left shoulder, left knee and low back, two surgeries were reported to the left knee. Three "slipped discs" were reported for the low back with seven sets of three lumbar injections.

Records submitted begin with a report from the physician dated May 10, 2006. The injured worker (IW) was reported as presenting with complains of facial Numbness, blurred vision, right Shoulder Pain, low back pain, right hip pain, buttock pain, numbness of the entire left side, left arm tingling and numbness, left leg tingling and numbness, left knee tingling and numbness, left hand tingling and numbness, right hip to knee tingling and numbness, right shoulder to hand tingling and numbness. Examination reported mild limitation in range of motion of the cervical spine and mild to moderate limitation in range of motion for the lumbar spine. Shoulder range of motion was reported as full. Reflexes were normal +2 for the upper and lower extremity and muscle testing was 5/5 for all groups. Sensory testing reported decreased in a "patchy" L4 distribution on the right as well as a "patchy" decreased sensation in a non dermatomal distribution for the left upper extremity. No atrophy was noted. Imaging performed prior to IW's presenting to the physician included: X-rays taken October 21, 2005, Cervical Spine read as normal, Lumbar Spine read as normal, Rt. Wrist read as normal, Facial Bones read as normal, MRIs Performed January 12, 2006, lumbar spine showing mild degenerative changes at L5-S1, rt. shoulder showing mild impingement. MRI performed February 16, 2006 showed degenerative disc and joint disease C3-4, C4-5 with a 2mm disc protrusions at C34- and C4-5. The physician was of the opinion that the objective clinical evidence in IW's case did not support the injuries claimed or treatment provided. In the absence of "evidence of any true pathology or evidence of injury", it was the physician's recommendation that the IW return to full work duty without restriction.

The IW was evaluated by on May 27, 2006.

Presenting complaints were reported as: headache, left neck pain radiating into left

shoulder, low back pain, left knee pain, right shoulder pain and numbness. Examination reported range of motion for the cervical spine, that was limited with pain in right rotation. Lumbar range of motion was full without pain. Orthopedic testing for the cervical spine reported a positive cervical compression test. Orthopedic testing for the lumbar spine and shoulders was unremarkable. A positive Tinel's was noted in the wrists. Neurological testing as reported was unremarkable with normal deep tendon reflexes and 5 / 5 strength with muscle testing. The physician reports that the MRI performed February 16, 2006 revealed a 2mm disc "prolapse" at C3-4- and C4-5 with impingement on the spinal cord. The physician also notes that another MRI, performed July 6, 2006, reported a "questionable disc fragment between the left ventral cord and posterior C4 Vertebrae" and "Facet Arthropathy C2-3, C3-4 Lt. > Rt. creating mild left C3/4 foramina1 narrowing". The physician stated that IW was not MMI and recommended a CT Myelogram for further evaluation. The IW was evaluated again on July 17, 2006. Presenting complaints were reported as headache, neck pain, face sensitivity, radiating pain to shoulder blades, stabbing pain down left arm, pins and needles down left arm, left elbow pain, low back pain, pain radiating to knees bilaterally. Examination reported the range of motion for the neck to be limited in all planes of motion by -33%. Lumbar range of motion was limited by -33% in flexion while extension was limited to 0° and lateral bending to 5°. Neurological examination including sensory, motor and deep tendon reflexes was unremarkable. The physician requested a MRI of the cervical spine and right shoulder, and an EMG of the left arm as well as a CT scan of the low back, "As according to the patient her low back has never been evaluated". A FCE was also recommended. The IW was given medication and advised to return to light duty. In a follow up dated August 30, 2006, the physician reports the IW's complaints as: neck pain, low back pain, right shoulder pain, right buttock pain occasionally radiating into the right leg. Examination reported positive SLR at 45" bilaterally. Neurological testing was, again, unremarkable. The physician reported the MRI dated July 6, 2006, as a low-resolution study that showed degenerative changes and/or disc protrusion at the C-4 level. Also reported was a C'XI scan of the Lumbar Spine dated August 3, 2006 showing a 2-3 mm right L5- S1, bulge resulting in foraminal stenosis.

The IW was re-evaluated on December 11, 2006. Presenting complaints at this time were: Headache, blurred vision, neck pain, right shoulder pain, left elbow pain, low back pain. The physician reported IW "has no radicular complaints in the upper or lower extremities". Examination reported range of motion as limited in all planes, especially left rotation, Neurological testing of the upper extremities reported Motor Strength to be 5/5, Deep Tendon Reflexes to be normal +2 and Sensory Testing as normal in all dermatomal planes. No evidence of atrophy was noted. Examination of the shoulder reported limited range of motion in the right shoulder with negative orthopedic testing. Examination of the elbow reported tenderness with evidence of bruising. Examination of the low back reported range of motion in flexion and extension that was limited by -33%. Reflexes were reported as normal +2, and Motor Testing as S/S, while sensory testing reported decreased sensation in a L%-S1 distribution on the left, No atrophy was

IRO NOTICE OF DECISION – WC

Page 4

reported. Diagnoses were reported as Contusion Head with exacerbation of pre-existing arthritis. RT Shoulder Impingement Symptoms w/o mechanism, Rule out left Ulnar Fracture Somatization. The physician was of the opinion that ongoing treatment from an industrial basis was not indicated noting that many of IW's complaints were "somatic in nature" and "do not correlate with any objective studies that have been performed".

On January 18, 2007 the IW was evaluated. Presenting complaints were reported as: Headache, facial sensitivity, neck pain, right shoulder pain, low back pain, radiating symptoms in the left leg. Examination is unremarkable. The physician reports that a consultation with specialist noted tendencies toward somatization and that IW was "emotionally immature and may have a tendency to overemphasize or overreact to problems". In light of this behavior the specialist stated, "the likelihood of traditional medical treatment alone would be unsuccessful in reducing her pain symptoms". Psychotherapy was recommended prior to enrolling in a Chronic Pain Program. The physician notes that specialist recommended "functional restoration program".

There is also a report dated on January 18, 2007 for a Consultation for Chronic Pain performed at complaints were reported as: headache, facial sensitivity, neck pain, mid back pain, low back pain, right shoulder pain, weakness in the right upper extremity with reaching left knee swelling. Range of motion was limited in the cervical and lumbar spine by - in all planes. Range of motion for the right shoulder was limited in flexion, abduction and with internal and external rotation. Range of motion for the left shoulder was limited only in abduction, internal and external rotation. Muscle testing reported weakness in nearly all of the neck, low back, and upper and lower extremity muscle groups. Reflexes were reported as normal. Therapy was recommended.

The next record is an 11-page request dated January 20, 2007 for an Interdisciplinary Functional Restoration Program utilizing or the services of Neuropsychologist, Professional Counseling, Professional Counseling w/ Intern, Physical Therapy Occupational Therapy, Exercise Physiologist, Massage Therapy, Social Worker, Vocational Counselor, Nutritional Counselor, Chaplin, Representative, Neurosurgeon. The physician cites ACOEM Guidelines to support the necessity of the above listed care.

Next on file is a report dated May 1, 2007. This is for a Utilization Review for the requested CT Myelogram. This was non-certified citing ACOEM Guideline and Colorado Guidelines.

On May 7, 2007, the IW was evaluated. Presenting complaints was reported as neck pain and left shoulder pain that radiated into the left upper extremity "in a non-dermatomal distribution". Therapy was reported as having yielded "no significant improvement in her symptomatology". Examination reported limited cervical rotation. The left deltoid was reported as moldy weak 4/5 while all other muscles tested 5/5. Left biceps reflex was reported +1 while all other upper extremity were normal +2. The physician goes on to state that CT myelogram would be helpful for further evaluation.

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

The records provided do not support the clinical necessity of a CT Myelogram. As noted, the IW has had two MRI and one CT of the Cervical Spine as well as plain films shot of this region. The films have reported degenerative arthritic changes that well predate the industrial accident in question. Hence the 1-2mm disc bulges in question also predate the industrial injury claimed and not the result of an acute traumatic episode.

With regard to Myelogram, ACOEM Guidelines state that such a procedure is useful prior to cervical fusions and certain disk-related procedures. ODG Guidelines note that Myelogram is not recommended except for surgical planning. The records provided do not indicate the injured worker a candidate.

ACOEM Guidelines also state that such advanced imaging studies are indicated when physical examination evidence of severe neurological compromise that correlates with the medical history and test results. This examiner has to question the claims that the injured worker suffers from impingement on the spinal cord or the exiting spinal nerve roots. The records provided from six (6) examining doctors do not reflect any consistent subjective or objective presence of a neurological injury associated with the disc bulges reported in the injured worker's cervical spine. If such a condition were actually present it would stand to reason that the injured worker's medical records would support it with some consistent clinical evidence.

ACOEM Guidelines also state that unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option.

ACOEM Guidelines Chapter 7 states, an accurate diagnosis is needed to correlate the existing injury or disease entity with studies linking it to occupational exposure. In the absence of adequate correlation the additional diagnostic imaging sought cannot be considered reasonable.

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)