



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

DATE OF REVIEW: March 27, 2007

IRO Case #:

Description of the services in dispute:

Item in dispute: lumbar myelogram with 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:

Upheld

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

FROM THE STATE OF TEXAS:

Notice of IRO assignment 3/7/07 – 2 pages
Request for review by an IRO 2/27/07 – 3 pages
Utilization review request 3/3/07 – 4 pages
Denial information 3/5/07 – 1 page

FROM THE URA:

Preauthorization determination 2/21/07 – 2 pages

Preauthorization determination appeal 2/26/07 – 3 pages

FROM THE PROVIDER:

Letter from Dr, MD – 1 page

MRI lumbar spine 12/8/00 – 2 pages

MRI scan lumbar spine 9/18/02 – 2 pages

Chart notes 9/13/02 – 10/4/02 – 1 page

Procedure report 10/4/02 – 10/18/02 – 2 pages

Radiology final report 10/18/02 – 2 pages

Radiology final report 10/18/02 – 2 pages

Chart notes 10/15/02 – 10/29/02 – 1 page

Initial evaluation 10/30/02 – 2 pages

Chart notes 12/11/02 – 1/7/03 – 1 page

Lumbar spine CT report 1/16/03 – 2 pages

Lumbar spine CT report – 2 pages

Discography operative report 1/16/03 – 3 pages

Pain management notes 1/16/03 – 1 page

Discogram results form 1/16/03 – 1 page

Chart notes 1/24/03 – 2/5/03 – 1 page

Initial patient consultation notes 2/7/03 – 2 pages

Chart notes 2/14/03 – 4/11/03 – 1 page

Chart notes 5/2/03 – 6/10/03 – 1 page

Patient follow up notes 6/6/03 – 2 pages

Patient follow up notes 2/7/03 – 1 page

MRI lumbar spine report 11/12/03 – 2 pages

Chart notes 11/21/03 – 12/16/03 – 1 page

Chart notes 10/10/03 – 10/31/03 – 1 page

MRI lumbar spine report 11/12/03 – 2 pages

Chart notes 2/18/04 – 4/14/04 – 1 page

History and physical 6/9/04 – 1 page

Operative report 6/9/04 – 3 pages

Chart notes 5/21/04 – 6/10/04 – 1 page

Chart notes 6/25/04 – 7/7/04 – 1 page

Chart notes 7/13/04 – 10/13/04 – 1 page

EMG/NCV report 11/23/04 – 3 pages

Chart notes 12/3/04 – 12/29/04 – 1 page

Chart notes 4/8/05 - 7/12/05 - 1 page

Chart notes 7/22/05 - 9/1/05 - 1 page

Chart notes 9/21/05 - 4/11/06 - 1 page

Chart notes 6/23/06 - 1/17/07 - 1 page

Chart notes 2/6/07 - 2/14/07 - 1 page

Patient clinical history [summary]

The patient is a male who injured his back at work and subsequently underwent bilateral hemilaminotomies and discectomies with bilateral neuroforaminotomies at L3-4 and L4-5 in 6/04. He had persistent pain and radicular symptoms following surgery and new onset sacral nerve root symptoms with urinary incontinence and constipation. EMG/NCV testing was essentially normal. Conservative therapy with medications, including Neurontin; aqua therapy and a series of sacroiliac joint injections was undertaken. A vertical MRI with contrast was requested.

On his most recent examination on 02/06/07, the patient remains markedly symptomatic with pronounced muscle spasm, an antalgic posture and gait, significant limitation of lumbar range of motion and positive straight leg raise. His treating surgeon, Dr. requests a myelogram and myelogram/CT to determine if he has re-herniated. He feels that a "Post-surgery MRI is not likely to be revealing enough to help me..."

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

Item in dispute: lumbar myelogram with CT

This patient's condition is most correctly characterized as failed back surgery syndrome. Some of the more common types of failed back surgery syndrome present as unresolved symptoms or new onset of symptoms following lumbar discectomy, spinal stenosis decompression, or fusion. The initial step is to attempt to resolve the patient's symptomatology and to meticulously reassess the patient. Appropriate history, physical examination, and radiographic and neurodiagnostic evaluation may delineate a potential source and guide treatment selection. Neural imaging is indicated in most patients with failed back surgery syndrome. Even patients with pain limited to the back may have neurologic compression that may require treatment. MRI with and without gadolinium enhancement is the most sensitive test for evaluating these patients. Enhancement with gadolinium results in increased signal in vascularized tissues, especially epidural scar. Comparing enhanced and non-enhanced sequences can accurately distinguish epidural scar from non-enhancing recurrent disk herniation. In addition, gadolinium enhancement in the intervertebral disk and vertebral bodies may demonstrate the presence of postoperative infection. CT myelography is indicated in the patient with contraindications to MRI, with stainless steel hardware, or whose images are degraded by titanium hardware. CT myelography is also useful for evaluating the patient with dynamic problems (eg, instability, facet impingement) or whose spine is less well visualized by

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

www.mrioa.com A URAC & NCQA Accredited Company

MRI (eg, patient with scoliosis).

Based on the index procedure performed in this case, and his stated desire to assess the patient for a recurrent disc herniation, MRI with and without gadolinium enhancement is most appropriate in this patient's case. Myelogram followed by a CT scan would be diagnostic of a recurrent disc herniation due to this procedure's decreased sensitivity for this diagnosis compared to MRI with and without contrast.

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

1. 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.

2. Ross JS, Masaryk TJ, Schrader M, Gentili A, Bohlman H, Modic MT: MR imaging of the postoperative lumbar spine: Assessment with gadopentetate dimeglumine. AJR Am J Roentgenol 1990;155: 867–872.

cb

cc: Respondent
Requestor