



DATE OF REVIEW:

03/28/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Contrast x-ray of the neck spine, Injection for Myelogram, and CT of the neck spine without dye.
Date of Service: 12/14/2006

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

Doctor of Osteopathy, Boarded in Anesthesiology, Specializing in Pain Management

REVIEW OUTCOME

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

Upheld (Agree)

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.

Contrast x-ray of the neck spine, Injection for Myelogram, and CT of the neck spine without dye are not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Case Report dated
- Referral dated 03/13/07
- DWC-1: Employer's First Report of Injury or Illness dated
- DWC-69: Reports of Medical Evaluation dated 01/23/06, 08/08/01 and one with Date of Exam 11/12/02
- DWC-73: Work Status Reports dated 03/20/01 through 10/13/05 and several undated with return to work dates of 08/26/04 through 11/28/06
- P.C.: Letter dated 03/21/07
- Texas Department of Insurance: Notice Case Assignment dated 03/09/07
- Texas Department of Insurance: Notice of Assignment of Independent Review Organization dated 03/09/07
- Texas Department of Insurance: Confirmation of Receipt of a Request for a Review by an Independent Review Organization dated 03/06/07
- LHL009: Request for a Review by an Independent Review Organization dated 02/27/07
- Letters dated 02/19/07, 12/14/06

- M.D.: Division of Worker's Compensation Ordered Required Medical Examination dated 04/19/06
- Impairment Rating Reports dated 12/01/05, 10/11/04 from D.C.
- D.O.: Letter of Medical Necessity dated 11/01/05
- Letter dated 09/22/05
- Notes dated 09/09/05, 08/23/05, 08/16/05, 08/10/05
- Re-Evaluations dated 09/07/05, 08/31/05, 08/24/05, 08/10/05, 08/03/05
- Biofeedback Training notes dated 09/06/05, 08/18/05, 08/09/05, 08/08/05
- Therapy Session notes dated 09/02/05, 08/24/05
- Rehabilitation Program Daily Progress Notes dated 08/18/05, 08/16/05, 08/11/05
- Physical Performance Exam dated 08/10/05
- Consultation & Progress Notes dated 08/10/05 through 09/08/05
- Program Group Therapy notes dated 08/08/05 through 09/09/05
- Pain Rehabilitation Program notes dated 08/06/05 through 09/09/05
- Weekly Summary notes dated 08/03/05 through 09/07/05
- M.D.: Reports dated 07/21/05, 08/08/01
- CT cervical spine dated 05/10/05
- Evaluation dated 04/28/05 from LPC
- Letter dated 12/16/04 from D.O.
- D.C.: Physical Performance Evaluations dated 10/12/04, 08/30/04
- Initial Narrative Report dated 09/09/04 from D.C.
- D.O.: Office notes dated 08/20/04 through 11/28/06
- Patient information dated 12/07/03
- Emergency Department Nursing Record dated 12/07/03
- Emergency Physician Record dated 12/07/03
- Physical Therapy: Handwritten notes dated 04/24/03 through 05/05/03
- M.D.: Letter dated 03/05/03
- Patient information dated 02/13/03
- Emergency Physician Record dated 02/13/03
- MRI lumbar spine, MRI right shoulder dated 01/17/03
- M.D.: Medical Evaluation dated 11/12/02
- Note Summary By Patient With Patient Work notes dated 04/22/02 through 06/28/02
- Letter dated 04/17/02 from M.D.
- Surgical Pathology Report dated 03/02/02
- Operative Report dated 02/28/02 from M.D.
- History and Physical dated 02/28/02 from, M.D.
- Intraoperative Evoked Potential Report dated 02/28/02 from M.D.
- C-spine radiographs dated 02/28/02 (two reports), chest radiographs dated 02/25/02
- Lab reports dated 02/28/02, 02/25/02
- Handwritten notes dated 12/04/01, 04/03/01, 03/22/01, 03/20/01
- Case report for 08/03/01 and 08/09/01
- Letter dated 06/13/01 from D.O.
- EMT report dated 06/13/01
- Procedure Flow Record dated 05/16/01

- MRI cervical spine dated 05/02/01
- Prescription note dated 04/03/01
- CT cervical spine, cervical spine radiographs dated 03/20/01
- Admission/Registration Record dated 03/20/01
- Emergency Room Nursing Record dated 03/20/01
- Emergency Department Triage Record dated 03/20/01
- Emergency Room Physician Orders dated 03/20/01
- Emergency Physician Record (date not visible)
- Patient Authorization Record signed 03/20/01
- Authorization to Disclose Health Care Information signed 03/20/01
- Patient Discharge Instruction Summary dated 03/20/01
- OJI dated 03/20/01
- Emergency Department Acuity Level Record (undated)
- Referral for MRI dated 03/09/98
- MRI lumbar spine dated 02/09/98, radiographs of the right wrist dated 03/19/97
- Radiology Request Forms dated 11/15/96, 09/03/96
- Pathology Results dated 07/31/96
- Lab reports dated 07/30/96 & 07/29/06 and 05/17/96
- Cervical spine radiographs dated 07/30/96, Portable C-spine lateral radiographs (three) dated 07/29/96, chest radiographs dated 05/17/96, myelogram entire spine dated 05/17/96, myelogram C-spine dated 08/29/01, CT cervical spine following myelography dated 08/29/01
- ECG reports dated 07/29/96, 05/17/96
- Evoked Potential Report dated 07/29/96 from M.D.
- Operative Report dated 07/29/96 from M.D.
- History and Physical dated 07/29/96 from M.D.
- Patient information sheets dated 07/29/96, 05/17/96
- Admission Agreement signed 07/29/96 and one with date not legible
- Lab report dated 07/29/96
- Physician's Orders dated 07/29/96, 05/17/96
- Short Stay Summary for 05/18/96 from M.D.
- Procedure Note dated 05/17/96 from M.D.
- Letters dated 04/18/96 through 07/28/04 from M.D.
- CT cervical spine, cervical spine radiographs dated 03/14/96
- Referral form dated 04/17/0?
- Undated Disclosure and Consent to Medical and Surgical Procedures (two)

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male. The injured individual has had a total of three cervical surgeries, epidural steroid injections (ESIs), multiple CT scans, and electromyograms (EMGs). His last CT scan was in 05/2005 and there is no explanation of why it was done. The scan showed a solid fusion and facet hypertrophy with stenosis. The attending physician (AP) is noting relatively recent decreased grip strength but no other changes are indicated. He is requesting further work up.

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

The injured individual is a male with date of injury . The injured individual has had a prior cervical surgery pre injury and post injury has had two more. He also had multiple EMGs and CT/myelogram studies, the last in 05/2005, which showed facet hypertrophy, stenosis at multiple levels, and a solid fusion. He began treating with Dr. in 08/2004. At this time he had 75% reduced range of motion (ROM) in his neck, 5+/5 reflexes, and grip strength of 18 kg bilaterally. This stayed constant until 11/2006 when his grip strength was noted to be reduced to 14 on the right, 15 on the left. The AP is requesting another CT/myelogram for his "increased radiculopathy" although there are no other new findings noted such as motor, sensory, or reflex changes. There is no EMG to determine if this change is a peripheral or central problem, and no further in-depth measurement of functional assessment to determine with certainty that new pathology has appeared. For all these reasons, the CT/myelogram/x-ray is denied.

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: PG 178,179

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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