



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

DATE OF REVIEW: September 4, 2007

**AMENDED REVIEW 10/16/07**

IRO Case #:

**Description of the services in dispute:**

Lumbar Myelogram with post CT scan.

**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.

The lumbar myelogram with post CT is medically necessary.

**Information provided to the IRO for review:**

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Records from the State:

IRO request 8/9/07 5 pages  
Notice of preauthorization 6/26/07 2 pages  
Notice of preauthorization 7/12/07 1 page  
Request for IRO 8/8/07 3 pages

Records from Dr.:

Office note 8/15/07 1 page

Records:

Preauthorization worksheet 6/26/07 1 page  
Preauth fax coversheet 6/26/07 1 page  
Referral for lumbar myelogram and CT scan 6/20/07 2 pages  
Office visit note 6/21/07 1 page  
Report of medical evaluation 6/4/07 9 pages  
CT scan report 5/22/06 2 pages  
Preauthorization worksheet 7/12/07 1 page  
Notice of disputed services 5/2/06 1 page  
Preauthorization worksheet 7/12/07 1 page  
Preauth fax coversheet 7/12/07 1 page

Records from Rehab:

Release of records undated 1 page  
Request for review 8/3/07 4 pages  
Referral for Lumbar Myelogram and CT 6/20/07 2 pages  
Reconsideration request 7/7/07 3 pages  
Office note 9/14/06 3 pages  
Office note 6/21/07 1 page

response from carrier:

Denial letter 8/20/07 2 pages  
Denial letter 1/5/07 6 pages  
Denial letter 5/31/07 2 pages  
Report of medical evaluation 6/4/07 9 pages  
Peer review denial 2/7/07 6 pages  
Notice of preauthorization 6/5/06 2 pages  
MRI report 2/4/97 1 page  
Operative report 8/8/006 pages  
Office note 11/30/00 3 pages  
Lumbar myelogram w/post CT scan report 8/19/02 3 pages  
Operative report 3/4/03 2 pages

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Chart note 5/24/04 1 page

MRI report undated 1 page

**Patient clinical history [summary]:**

The patient is a female who sustained an injury to her low back. She has ongoing back pain and left leg pain following an L4–5 anterior interbody fusion with a cage in August 2000, and a subsequent L4–5 posterior decompression on 02/03/03. Her treating surgeon, Dr., reports that the patient has adjacent symptomatic disc disease at L5–S1 and that this is exacerbated by excessive lordotic inclination of the sacrum. He requests a myelogram followed by CT of the L–S spine in anticipation of extending the patient's fusion from L4 to S1. Two prior reviewers have recommended denial of the request for the lumbar CT/myelogram. Dr. did not feel the patient is a candidate for further surgery given her prior poor response and chronic pain; and Dr. opined that the patient had a previous post-surgery myelogram/CT that was normal and that her response to prior spinal surgery has been poor despite achieving fusion at L4–5 and that the study on 05/22/06 showed no significant thecal sac or neuroforaminal compression and that there "...is no apparent medical necessity to repeat the spinal cord imaging with a myelogram CT scan."

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

The lumbar myelogram and CT is medically indicated for this patient with failed back surgery syndrome (FBSS). The patient remains significantly symptomatic despite prior lumbar spinal surgery. Her treating surgeon has identified adjacent lumbar–sacral disc degeneration as the most likely source of her ongoing symptoms and anticipates extending the patient's fusion from L4–S1. He desires a repeat lumbar myelogram and CT for pre-operative planning. 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 MRI (eg, patient with scoliosis). Because of the very nature of their problem, patients with FBSS fall into a high-risk category for failure following subsequent surgical treatment. Lack of success in addressing the original problem, accompanied by new problems stemming from the index procedure, can lower the likelihood and degree of success of subsequent intervention as in this patient's case. The surgeon must persist in delineating the causes of pain and failure of the previous operation. For some diagnoses, such as recurrent herniation, pseudarthrosis, or adjacent segment degeneration as suspected in this patient, the results of revision surgery might be gratifying. Careful pre-operative evaluation is essential in failed back surgery patients. A lumbar myelogram and CT is a necessary component of this evaluation.

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**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. 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.