



DATE OF REVIEW: 04/29/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Lumbar myelogram and CT scan.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with experience in the evaluation and treatment of spine-injured patients

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. ZRC forms
2. TDI assignment forms
3. Denial letters 02/28/08 and 03/19/08
4. Requestor records
5. Letters to, D.O., D.O., and others concerning the evaluation of the claimant
6. Multiple records, more than 35 records from the earliest of 07/24/00 through 03/10/08
7. Operative reports, 01/29/08, 09/04/07, 04/13/07, 04/04/06, and 03/20/02
8. X-ray reports including fluoroscopy, 09/04/07
9. Lumbar myelogram and CT scan, 04/04/06
10. MRI scans of the lumbar spine, 11/15/05, 10/29/03
11. Plain x-ray reports of the lumbar spine, 05/19/04, 03/20/03, 12/19/02, 09/19/02, 05/24/02, and 04/12/02
12. Hospital discharge summary, 03/20/02 through 03/22/02
13. Operative report 11/07/01
14. URA records including denial letter 02/28/08 and 03/19/08

15. ODG Guidelines were not presented by the carrier.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This xx-year-old female presents with complaints of low back pain and intermittent leg pain. The patient actually has two dates of injury, the initial being xx/xx/xx, at which time she fell, suffering a lumbar spine injury. The evaluation and treatment of this injury eventuated in a spine surgery including fusion at L5/S1 on xx/xx/xx. She apparently did reasonably well until she fell again on xx/xx/xx, suffering a recurrence of back pain and intermittent leg pain. The patient has been evaluated on numerous occasions and has undergone numerous imaging studies, including a lumbar myelogram and CT scan follow-through on 04/04/06. None of the studies suggest that the fusion was a failure. There are no documented changes in neurological status. The requesting surgeon is requesting a lumbar myelogram and CT follow-through as a broad screening of pathology without specific indication.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

The request for this study is not supported by documented change in neurological status or change in the appearance of the lumbar spine prior surgical site relative to nonunion of the fusion mass or change in the position of instrumentation. The dictation suggests that the lumbar myelogram and CT follow-through is being requested as a broad study without specific expected findings.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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, 2008, Low Back Chapter, page 868.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)

