

# True Decisions Inc.

An Independent Review Organization

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**DATE OF REVIEW:** April 7, 2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Lumbar and cervical myelogram with post CT scan

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

Board Certified Orthopedic Surgeon

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

X-ray right hand and wrist, 05/08/07

Office note, Dr. 08/21/07

X-ray cervical/thoracic/lumbar spine, 10/22/07

Office notes, Dr. 10/22/07, 12/17/07, 01/14/08, 02/22/08

MRI cervical spine, 12/21/07

DC from therapy, 01/03/08

Office note, Dr. 02/01/08

Letter, Dr. 02/01/08

02/19/08, 02/26/08

Occupational Therapy, 06/06/07-06/29/07

Office notes, Dr. 06/04/07, 07/06/07, 08/14/07

Physical Therapy, 10/23/07-11/14/07, 11/20/07-12/18/07

Prescription, 02/01/08

Work Status, 02/22/08

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who was injured when he flew up and hit his head on the cabin.

On 10/22/07 the claimant was seen by Dr. for neck, upper and low back pain. He denied numbness or tingling in the extremities. On examination motion of the cervical and lumbar spine was decreased. There was no spasm. He had normal, sensory, power and reflexes in the upper and lower extremities. Dr. recommended medications and therapy. The physical examination was unchanged on 11/19/07 although the claimant still reported neck and back pain. By 12/17/07 the claimant reported he was no better and Dr. recommended lumbar and cervical MR scans.

The 12/20/07 MRI of the lumbar spine showed a central and left protrusion at L4-5 extending into the foramina bilaterally causing mild foraminal stenosis; there was mild facet degeneration. Degenerative spurring causing moderate left foraminal compromise and bulging at L5-S1 was seen. The 12/21/07 MRI of the cervical spine showed a small right protrusion at C4-5 with mild indentation of the thecal sac.

On 02/01/08 Dr. saw the claimant in referral for low back and neck pain as well as cervical and right shoulder pain. Low back pain radiated into the right buttock. On examination there was mild pain of the shoulder girdle to palpation. Neck motion was limited in all planes. He had 5/5 strength bilaterally, normal gait and normal reflexes. The lower extremity neurological examination was also normal. The impression was cervicalgia, cervical radiculopathy, low back pain and radiculopathy. Cervical and lumbar CT myelograms were requested. Dr. authored a letter on the same day noting that the claimant was not a clear candidate for surgery. The studies were denied and the claimant returned to Dr. on 02/22/08. On that examination there was a mildly positive Spurling bilaterally causing pain into the right shoulder. There was a negative neuro exam. Tenderness of the lumbar paravertebrals was noted and a mildly positive straight leg raise on the left. Sensation and power were intact in the lower extremities. CT myelogram was recommended and was again denied based on ODG.

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

Lumbar and cervical myelogram with post CT scan does not appear to be medically necessary and reasonable.

This is a male who had a work related injury sustained while working on an airplane, flew up and hit his head on the cabin. He complained of persistent neck and back pain, however, there is evidence on the MRI of the lumbar spine on 12/20/07 of an L4-5 central and left disc protrusion causing mild foraminal stenosis, mild facet degeneration with degenerative spurring causing left foraminal narrowing compromise and bulging of L5-S1. The MRI of the cervical spine on 12/21/07 demonstrated a small right protruding C4-5 mild indentation of the thecal sac. However, there has been no evidence on clinical objective examination of any neurologic impairment that could corroborate such findings. He is not a surgical candidate at the present time. The Reviewer's medical assessment is that it is not reasonable and appropriate to progress with imaging studies and this is consistent with the ODG guidelines.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates; Low Back- CT/  
CT Myelography and Low Back- Myelography.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates; Neck- CT and  
Neck- Myelography

**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)**