

Notice of Independent Review Decision

DATE OF REVIEW:

08/15/2008

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

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 Chiropractor

REVIEW OUTCOME

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION Referral form
- 08/06/08 letter
- 08/01/08 MCMC Referral
- 08/01/08 Notice To Utilization Review Agent Of Assignment,
- 08/01/08 Notice To MCMC, LLC Of Case Assignment,
- 07/31/08 Confirmation Of Receipt Of A Request For A Review, DWC
- 07/30/08 Request For A Review By An Independent Review Organization
- 07/23/08 Request For A Cervical Myelogram With Post Myelographic CT,
- 07/18/08 Prospective/Concurrent Review Determination,
- 07/10/08 Pre-Auth Request For Cervical Myelogram, NeuroImaging
- 07/08/08 Prospective/Concurrent Review Determination,
- 07/03/08 memo
- 06/13/08 handwritten Initial Exam
- 06/12/08 handwritten report, Pain Management
- 05/26/06 CT cervical, CT sagittal, Imaging
- 05/26/06 cervical myelogram, cervical spine radiographs, Imaging
- 03/12/08 Prospective/Concurrent Review Determination,
- 02/27/08, Recheck report, M.D., Orthopedics
- 06/19/07 Prospective/Concurrent Review Determination
- 06/11/07 Recheck report, , D.O., Orthopedics
- 06/04/07 thoracic spine radiographs, , D.O., Orthopedics

- 12/12/06 Required Medical Examination, M.D
- 08/01/06 EMG Consultation, M.D., Orthopedics
- 10/20/03 Electromyography and Nerve Conduction Report, Orthopedics
- 09/26/03 MRI thoracic spine,
- 09/08/03 CT cervical spine, Diagnostic Center
- 09/16/02 MRI cervical spine,
- 02/22/02 MRI cervical spine, Diagnostic Center
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate that the above captioned individual was injured during the course of his employment on or about xx/xx/xx. The history reveals that he sustained a fall causing injuries to his neck. His injuries required surgery, which was performed on 09/28/02 which was multi-level disc fusions from C4-C6. During the course of care, the injured individual has undergone a litany of advanced tests including three MRI's a myelogram and a CT dated 09/08/03. Electrodiagnostic testing dated 08/01/06 revealed evidence of a chronic C5 radiculopathy. A second CT scan dated 05/30/06 revealed multi-level disc lesions and degenerative changes with some mass effects. The records indicate that the injured individual continues to report and exhibit functional and objective deficits and possible progressive weakness (although not verified through comparative objective testing. Another Myelogram with CT has been requested.

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

The documentation fails to establish the medical necessity for the application of the requested myelogram with post CT scan. Specifically, the injured individual has undergone a litany of diagnostic procedures both before and after surgery. The injured individual has previously undergone two CT examination since surgery and at least one myelogram. The aforementioned diagnostic entities have all showed positive findings including disc lesions as well as surgical and degenerative changes. Furthermore, there has been no new additional information such as new trauma or a provocative incident or progressive objective findings that would indicate possible radiographic changes. It is unclear, therefore, what additional information would be learned by the application of another repetitive procedure at this point. Lastly, the procedure is not clearly supported by the applicable Official Disability Guidelines (ODG) at this point as well which state:

Not recommended except for indications below for CT. CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. ([Slebus, 1988](#)) ([Bigos, 1999](#)) ([ACR, 2000](#)) ([Airaksinen, 2006](#)) ([Chou, 2007](#)) Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. ([Seidenwurm, 2000](#)) The new ACP/APS guideline as compared to the old AHCPR guideline is more forceful about the need to avoid specialized diagnostic imaging such as computed tomography (CT) without a clear rationale for doing so. ([Shekelle, 2008](#))

Indications for imaging -- Computed tomography:

- Thoracic spine trauma: equivocal or positive plain films, no neurological deficit
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, infectious disease patient
- Evaluate pars defect not identified on plain x-rays
- Evaluate successful fusion if plain x-rays do not confirm fusion ([Laasonen, 1989](#))

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES