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Notice of Independent Review Decision

DATE OF REVIEW: 08/02/08

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Injection for the myelogram (62284), CT lumbar spine with dye (72132), contrast x-ray for the lower spine (72265).

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

Board Certified Neurosurgeon

REVIEW OUTCOME

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

Denial Upheld

Medical necessity for lumbar myelogram was not established by the clinical records submitted.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Medical Records, Dr. 03/01/00 thru 06/09/00
2. CT Myelogram of the Lumbar Spine dated 09/14/05
3. MRI of the Lumbar Spine dated 09/29/05
4. Medical Records, Dr. 10/20/05 thru 06/23/08
5. Operative Report dated 11/30/05
6. Procedure Report Lumbar Epidural Steroid Injection, dated 09/05/07
7. Procedure Report Lumbar Epidural Steroid Injection, dated 01/29/08
8. Utilization Review Determination dated 06/10/08
9. Utilization Review Determination dated 07/02/08
10. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male when he was reported to have sustained an injury to his low back on xx/xx/xx as a result of lifting.

The employee underwent extensive conservative care and was subsequently referred to Dr.

Records indicate that on 09/29/05, the employee was referred for an MRI of the lumbar spine. This study reported minimal diffused bulging of the disc at L3-L4 causing minimal encroachment of the anterior aspect of the dural sac. The neural foramen and facet joints were maintained. At L4-L5, there was a mild diffused disc bulge causing mild encroachment upon the anterior aspect of the dural sac and inferior recesses in the neural foramina. Mild degenerative changes were present involving the facet joints; however no significant facet hypertrophy was noted. At L5-S1, there was mild diffused bulging of the disc with mild encroachment upon the anterior aspect of the dural sac and inferior recesses of the neural foramina. There was hypertrophic spurring noted laterally bilaterally also causing encroachment upon the neural foramina. There was mild thickening of the ligamentum flavum posteriorly which caused encroachment upon the neural foramina. These changes caused moderate bilateral neural foraminal stenosis.

The employee was subsequently referred for lumbar myelography on 10/14/05. The myelogram reported central and bilateral L4-L5 and L5-S1 defects. It was reported that there was a slight posterior displacement of the left L5 nerve root which showed filling distally. The right L5 nerve root showed poor filling within the neural foramen region. A post myelogram CT indicated a broad-based disc bulge with facet arthrosis at L5-S1. This disc bulge displaced the right S1 nerve root within the spinal canal. There was also narrowing of the right neural foramen with slightly less filling of the right L5 nerve root sleeve when compared to the left in the neural foramen. At L4-L5, there was some minimal bulging disc with mild degenerative disc disease. There was a mild ventral deformity of the thecal sac and mild facet arthrosis as well. There was minimal encroachment upon both neural foramen but no definite nerve root sleeve cut-off.

When seen in follow-up on 10/20/05, the employee was reported to have severe radicular pain from the right hip to the buttock area.

The employee was subsequently taken to surgery on 11/30/05 and underwent right sided L4-L5 and L5-S1 laminectomies. Decompression of the right at L4, L5 and S1 roots with opening of the lateral recesses and foraminotomies. There was right L4-L5 and L5-S1 excision with herniated disc with root decompression. Postoperatively, the employee was reported to have done well and subsequently returned to work. He periodically reported a little residual low back discomfort when working hard.

On 08/27/07, the employee was reported to have increasing pain and low back pain with bilateral hip and leg pain. He had no subsequent injury. He had some decreased mobility of the back. He was subsequently recommended to undergo a lumbar epidural steroid injection, which was performed on 09/05/07.

Post procedurally, the employee was reported to have obtained excellent results and was subsequently reported to be working full-time with some lifting.

The employee was reported to have experienced an exacerbation of his radicular symptoms and subsequently received a second epidural steroid injection on 01/29/08.

The next available note was dated 06/02/08. The employee was reported to have increasingly severe low back pain and bilateral radicular pain into the hips and down to the thighs. He walked in a flexed posture to the low back. Straight leg raise was positive bilaterally at 45 degrees. He continued to work but reported it was difficult because of his constant pain. The pain was made worse by any activities. No diagnostic studies have been performed in years. He had epidural steroid injections with some benefit. He was reported to be definitely getting worse. Dr. recommended a lumbar myelogram and CT scan.

The case was referred for utilization review on 06/10/08. The reviewer opined that a lumbar myelogram was not medically necessary at that time. Peer-to-peer contact was not made.

A request for reconsideration was submitted on 07/02/08. The reviewer noted that there was no documentation to explain the rationale for myelogram instead of MRI. He further reported there was no documentation of a detailed history or physical examination with a listed diagnosis.

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

I would concur with the two previous reviewers in that the medical necessity for lumbar myelogram has not been established by the submitted clinical records.

The available medical records indicate that the employee sustained an injury to his low back on xx/xx/xx after lifting. The employee was subsequently taken to surgery on 11/30/05 and underwent decompression from L4 to S1 with discectomies on the right at L4-L5 and L5-S1. Postoperatively, the employee was reported have done well.

The employee had apparent exacerbations of radiculopathy and has undergone two lumbar epidural steroid injections, the first being on 09/05/07 and a second being performed on 01/29/08. The employee achieved some relief with this; however, he developed recurrent low back pain with reported radiation.

The submitted clinical records do not include a recent physical examination to establish that the employee has evidence of a lumbar radiculopathy. The records do not provide objective evidence of a progressive neurologic deficit to warrant repeat imaging studies. Further the records do not provide a rationale for the performance of CT myelography over MRI of the lumbar spine. In the absence of this information, the requested procedure is not considered medically necessary at this time.

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

1. The *Official Disability Guidelines*, 11th Edition, The Work Loss Data Institute.

2. The American College of Occupational and Environmental Medicine Guidelines; Chapter 12.
3. ACR Appropriateness Criteria™ -- Clinical Condition: Low Back Pain.