

# US Resolutions Inc.

*An Independent Review Organization*

71 Court Street

Belfast, Maine 04915

## Notice of Independent Review Decision

**DATE OF REVIEW: AUGUST 13, 2008**

**IRO CASE #:**

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

Lumbar and Cervical Myelogram with Post CT Scan, 72266, 72131, 72240, 72125

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

MD, 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)

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 reviewer finds that medical necessity does not exist for Lumbar and Cervical Myelogram with Post CT Scan, 72266, 72131, 72240, 72125.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 7/16/08, 6/23/08  
ODG Guidelines and Treatment Guidelines, Neck and Upper Back and Low Back  
, DC, MBA, 7/24/08, 7/7/08  
, , MD, 6/17/08  
, 10/6/06  
MRI of Cervical Spine, 7/3/06

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This worker was injured on xx/xx/xx. An MRI scan of the cervical spine was obtained on 7/3/06. The patient also underwent a cervical myelogram and a lumbar myelogram in

2006. The patient did not undergo surgery based upon those studies. The patient was seen by Dr. in June 2008 with a diagnosis of lumbar pain, cervicalgia, lumbar herniated nucleus pulposus, lumbar radiculopathy and cervical radiculopathy. There is a request for repeat studies.

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

There is no indication in the medical records provided as to a change that would indicate a necessity for these studies based upon new physical findings that would indicate that surgery would be recommended. Due to the fact that the patient had already had these studies in the past and that the medical records do not reflect a reason for repeating these studies such as change in neurological deficit, the previous adverse determination and lack of medical necessity is therefore upheld. The ODG does not specifically address repeat studies. However, given the lack of explanation from the medical records provided, it is not possible to certify these repeat studies as being medically necessary. The reviewer finds that medical necessity does not exist for Lumbar and Cervical Myelogram with Post CT Scan, 72266, 72131, 72240, 72125.

**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)**