



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 12/29/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE The services under dispute include a myelogram of the cervical and lumbar spine with a CT scan.

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

The reviewer is a board certified Neurosurgeon with greater than 15 years of practice experience.

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)

The reviewer agrees with the previous adverse determination regarding all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
and Dr. .

These records consist of the following (duplicate records are only listed from one source): : 11/11/08 letter from to the patient, 11/3/08 preauth appeal, 10/23/08 denial letter, 11/3/08 denial letter, office notes 3/25/02 to 10/20/08 by Dr. , 4/7/98 to 4/11/08 operative reports, 1/16/98 to 6/4/07 radiology reports, cervical myelogram of 1/15/98 and 1/16/98, 4/9/98 discharge summary and 4/7/98 history and physical report.

Dr. : office notes 2/27/92 to 10/30/08, 6/16/93 to 6/4/07 radiology reports, 4/21/94 letter to Dr. from Dr. , 8/14/93 discharge summary and 6/16/93 to 4/11/08 operative reports.

We did not receive a copy of the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]: The records indicate the patient was injured while on the job in xx/xx. She was managed with ACDIF C4 to C7 with instrumentation in 1993. She has received ESI at the cervical level intermittently. The note on 6/4/08 indicates the patient did well with the ESI of 3/30/07. She reports that she had a fall due to lumbar and leg pain. Radiographs were consistent with L4/5 spondylolisthesis. On 6/18/07 the CT myelogram of the cervical and lumbar spine was recommended by Dr. . This recommendation has been under dispute since this time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. The ODG indicates the following regarding a myelogram of the cervical spine, “Not recommended except for surgical planning. Myelography or CT-myelography may be useful for preoperative planning.” Under the section for CT the ODG indicates, “Not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. MRI or CT imaging studies are valuable when potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery. MRI is the test of choice for patients who have had prior back surgery. For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. (CT scan has better validity and utility in cervical trauma for high-risk or multi-injured patients “

Regarding the lumbar spine, “Not recommended except for indications below for CT. CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. 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. The

new ACP/APS guideline as compared to the old AHCPH guideline is more forceful about the need to avoid specialized diagnostic imaging such as computed tomography (CT) without a clear rationale for doing so.

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
- AHCPH- 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)