

I-Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 6, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical Myelogram w/Post CT

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

MD, Board Certified in Physical Medicine and Rehabilitation

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 Cervical Myelogram w/Post CT.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 11/5/08, 11/12/08

ODG Guidelines and Treatment Guidelines

MD, 9/28/07, 10/14/08, 8/12/08, 6/16/08, 5/20/08, 11/13/07, 9/28/07

Cervical ESI, 9/18/08

RS Medical, 10/12/07, 11/3/07

MR Cervical Spine, 2/12/08

MD, 10/25/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old man who developed left neck and left upper arm pain after an accident on xx/xx/xx . His head apparently went through a truck windshield. He had MRIs after the accident. The latter was provided. It showed a disc protrusion at C5/6 without a nerve root compression. An EMG was normal. He had no significant improvement with a cervical epidural injection. The pain is described as being along the lateral left arm. The pain drawing showed the pain localized to the neck, but did not elaborate down the arm. The neurological examination was reported as normal.

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

The ODG specifies that the CT myelogram is “not recommended except for surgical planning.” Dr. wrote in his note of 6/16/08 that, “I don’t really see indications for neurosurgical intervention...” In the absence of any neurological findings, and in the absence of surgical planning, there is no justification for this study. The reviewer finds that medical necessity does not exist for Cervical Myelogram w/Post CT.

Computed tomography (CT)

Not recommended except for indications below...

Indications for imaging -- CT (computed tomography):

- Suspected cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet
- Suspected cervical spine trauma, unconscious
- Suspected cervical spine trauma, impaired sensorium (including alcohol and/or drugs)
- Known cervical spine trauma: severe pain, normal plain films, no neurological deficit
- Known cervical spine trauma: equivocal or positive plain films, no neurological deficit
- Known cervical spine trauma: equivocal or positive plain films with neurological deficit

Myelography

Not recommended except for surgical planning. Myelography or CT-myelography may be useful for preoperative planning. ([Bigos, 1999](#)) ([Colorado, 2001](#))

Myelopathy, cervical

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)