

# **RYCO MedReview**

## **Notice of Independent Review Decision**

**DATE OF REVIEW:** 02/04/08

**IRO CASE #:**

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

CAT scan and myelogram of the lower spine

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

Board Certified in Orthopedic Surgery

### **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.

CAT scan and myelogram of the lower spine - Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

A physician activity status report from M.D. dated 01/16/06

A letter dated 01/18/06

An injury activity status report dated 01/18/06

An upper extremity evaluation with D.C. dated 01/18/06

Evaluations with D.C. dated 01/20/06, 02/03/06, 02/15/06, 02/17/06, 02/20/06, 02/22/06, 02/24/06, 02/27/06, 03/01/06, 03/03/06, 03/08/06, 03/10/06, 03/13/06, 03/15/06, 03/17/06, 03/20/06, 03/22/06, 03/24/06, 03/27/06, 03/29/06, 04/05/06, 04/14/06, 04/17/06, 04/19/06, 04/24/06, 04/25/06, 04/26/06, 05/03/06, 05/10/06, 05/22/06, 06/20/06, 06/23/06, 07/24/06, 07/26/06, 07/27/06, 07/31/06, 08/09/06, 08/11/06, 08/15/06, 01/11/07, and 01/18/07

Unknown testing with an unknown provider (signature was illegible) dated 01/25/06, 03/22/06, 04/19/06, and 10/18/06

MRIs of the left knee, lumbar spine, and cervical spine interpreted by M.D. dated 01/28/06

A letter from Workers' compensation adjustor, dated 02/01/06

A work status report from an unknown provider (no name or signature was available) dated 02/01/06

An evaluation with M.D. dated 02/10/06

X-rays of the full spine, hip, knee, ankle, and shoulder interpreted by D.C. dated 02/27/06

An MRI of the left shoulder interpreted by M.D. dated 03/20/06

Procedure notes from Dr. dated 03/29/06, 04/07/06, 04/21/06, 04/28/06, 09/07/06, and 09/18/06

A psychological evaluation with M.Ed., L.P.C. dated 03/30/06

Evaluations with D.O. dated 04/04/06, 05/02/06, 05/17/06, 05/30/06, 06/22/06, 07/20/06, 08/17/06, 09/14/06, 10/11/06, 11/09/06, 01/30/07, 02/22/07, 03/09/07, 03/22/07, 04/03/07, 05/09/07, 05/31/07, 07/12/07, 08/09/07, 09/11/07, and 11/15/07

A radiographic biomechanical report from D.C. dated 05/10/06

A chest x-ray interpreted by Dr. (no credentials were listed) dated 05/17/06

Operative reports from Dr. dated 05/19/06 and 05/14/07

A letter from R.M.C. dated 05/24/06

A Functional Capacity Evaluation (FCE) with an unknown provider (no name or signature was available) dated 08/17/06

A physical therapy prescription from Dr. dated 08/21/06

Letters of medical necessity from Dr. dated 08/30/06 and 03/15/07

An EMG/NCV study interpreted by Dr. dated 10/17/06

A Required Medical Evaluation (RME) with M.D. dated 12/20/06

Chronic pain management weekly progress reports from M.A., L.P.C. for the week of 03/05/07 through 03/09/07 and 03/13/07

Prescription notes from Dr. dated 03/09/07 and 11/26/07

Individual therapy and relaxation with M.S., T-L.P.C. and Ms. dated 03/12/07 and 03/13/07

Preauthorization facsimile transmittal forms dated 03/12/07, 03/30/07, 11/29/07, and 12/19/07

A chronic pain management activity report dated 03/12/07

A Physical Performance Evaluation (PPE) with P.T. dated 03/13/07

A preauthorization request from Rehabilitation dated 03/14/07  
Relaxation and psychoeducational group noted with Ms. dated 03/14/07, 03/15/07, and 03/16/07  
Letters of non-certification, according to the ODG Guidelines, from L.V.N. dated 03/15/07 and 12/31/07  
A letter of approval, according to the ODG Guidelines, from Ph.D. dated 03/16/07  
Preauthorization request letters from D.C. dated 03/24/07 and 12/12/07  
A discharge summary from Dr. dated 05/16/07  
A physical therapy progress evaluation with an unknown provider (no name or signature was available) dated 08/29/07  
A chronic pain evaluation with Psy.D. dated 09/21/07  
Another request letter from Dr. dated 10/29/07  
A letter of non-certification, according to the ODG Guidelines, from R.N. dated 12/04/07  
A letter from Dr. dated 01/17/08  
The ODG Guidelines were not provided by the carrier or the URA

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

On 01/20/06, Dr. recommended MRIs of the neck, right shoulder, and left knee, an evaluation with a pain management specialist, off work, and physical therapy three times a week for six weeks. MRIs of the left knee, lumbar spine, and cervical spine interpreted by Dr. on 01/28/06 revealed degenerative changes in the lumbar spine and disc bulges at C5-C6 and C6-C7. An MRI of the left shoulder interpreted by Dr. on 03/20/06 revealed degenerative changes and subacromial bursitis. On 03/29/06, Dr. performed a left SI joint injection. On 03/30/06, Mr. recommended a work hardening program. On 04/04/06, Dr. recommended a left shoulder injection and possible surgery. A right SI joint injection was performed by Dr. on 04/07/06. Dr. performed cervical ESIs on 04/21/06 and 09/07/06 and lumbar ESIs on 04/28/06 and 09/18/06. On 05/19/06, Dr. performed left shoulder surgery. Based on an FCE with an unknown provider on 08/17/06, continued physical therapy was recommended. An EMG/NCV study interpreted by Dr. on 10/17/06 revealed right C5, C7, and L5 radiculopathies and left carpal tunnel syndrome. On 12/20/06, Dr. felt the patient was at Maximum Medical Improvement (MMI) and could work sedentary duty and perform a home exercise program. On 02/22/07, Dr. recommended further therapy and cervical spine surgery. A chronic pain management program was performed from 03/05/07 through 03/13/07. Individual and relaxation therapy was performed with Ms. on 03/12/07 and 03/13/07. A PPE with Ms. on 03/13/07 indicated the patient was at a sedentary light physical demand level. Relaxation and group therapy was performed with Ms. on 03/14/07, 03/15/07, and 03/16/07. On 03/15/07 and 12/31/07, Ms. wrote letters of non-certification for a cervical myelogram CT scan. On 03/16/07, Dr. wrote a letter of approval for 10 more sessions of a pain management program. On 03/22/07, Dr. recommended a cervical myelogram CT scan. Cervical spine surgery was performed by Dr. on 05/14/07. On 08/09/07, Dr. recommended physical therapy. On 10/29/07 and

12/12/07, Dr. requested a lumbar discogram. On 12/04/07, Ms. wrote a letter of non-certification for the lumbar myelogram CT scan.

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

The patient has very vague and diffused lumbar pain and radiation into his thigh. This is most consistent with degenerative condition, which has already been demonstrated on plain film x-ray and MRI. The patient does not have any specific findings consistent with radiculopathy, such as numbness or weakness. An MRI is an adequate test to reveal that there is neural foraminal spinal canal stenosis, despite the unfounded intension of D.C., who wrote the appeal for diagnostic neural imaging. A CAT scan and myelogram is only indicated, according to the ODG and common spinal practice, when an MRI does not reveal specific information or an MRI is contraindicated (in such cases of patient's with either pacemakers or severe claustrophobia). The ODG does not indicate that a CAT scan and myelogram would be necessary in this case and I do not feel clinically it is necessary. The diagnosis is quite clear based upon the physical examination and the diagnostic tests already present. In my opinion as a board certified orthopedic surgeon, bolstered both by the ACOEM and the ODG, as well as the textbook The Spine (Simeone and Rothman, Fifth Edition, available on the web), a CAT scan and myelogram of the lower spine is neither reasonable nor necessary.

**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
- X 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)
- X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

The Spine (Simeone and Rothman, Fifth Edition)