

# **RYCO MedReview**

## **Notice of Independent Review Decision**

**DATE OF REVIEW:** 02/29/08

**IRO CASE #:**

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

Lumbosacral CT myelogram

### **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.

Lumbosacral CT myelogram - Upheld

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

Evaluations with M.D. dated 11/26/07 and 01/28/08  
An MRI of the lumbar spine interpreted by M.D. dated 12/26/07

An evaluation with D.O. dated 01/28/08  
A Preauthorization Request Form from Dr. dated 01/29/08  
A letter of non-authorization, according to the ODG, from D.O. dated 01/29/08  
Letters of non-certification, according to the ODG, from Utilization Review Nurse dated 01/30/08 and 02/08/08  
A letter of non-authorization, according to the ODG, from M.D. dated 02/07/08  
The ODG Guidelines were not provided by the carrier or the URA

**PATIENT CLINICAL HISTORY [SUMMARY]:**

On 11/26/07, Dr. recommended an MRI of the lumbar spine and an EMG/NCV study of the lower extremity. An MRI of the lumbar spine interpreted by Dr. on 12/26/07 revealed a prominent disc protrusion at L5-S1 and disc protrusions at L2 through L5. On 01/28/08, Dr. prescribed OxyContin. On 01/28/08, Dr. recommended lumbar myelogram CT scan. On 01/29/08, Dr. wrote a letter of non-certification for the myelogram CT scan. On 01/30/08 and 02/08/08, Ms. wrote letters of non-authorization for the lumbar myelogram CT scan. On 02/07/08, Dr. also wrote a letter of non-authorization for the myelogram CT scan.

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

This is a chronic pain patient. The patient's date of injury was in xxxx and he has had chronic pain since that time. The patient had a recent MRI, which was obtained at Institute on 09/26/07. This showed multilevel degenerative change. The MRI clearly showed the current condition of the patient's spine. The chances that the CT myelogram will show a new condition that was not shown by the MRI is negligible. There is enough information for decision making to take place at this time, without the additional expense and risk of the CT myelogram.

The ODG is very clear that CT myelography is indicated only in certain cases, for example when a patient is unable to tolerate an MRI. This MRI has been diagnostic; that is it gives information about the patient's spine. The fact that the patient's symptoms do not correlate with the MRI did not mean that a CT myelogram would correlate either.

According to the ODG criteria, as well as due to the negligible likelihood that an additional imaging study would yield useful information, a lumbosacral CT myelogram 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
- 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)

Simeon and Rothman, The Spine, Harry Herkowitz, Editor, Fifth Edition, accessible on line.