



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 1/9/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a cervical myelogram and CT reconstruction.

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

The reviewer is a board certified physical medicine and rehabilitation physician with greater than 10 years of experience in this field.

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 disagrees 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:
Injured Employee

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
These records consist of the following (duplicate records are only listed from one source):

Records reviewed: denial letter - 12/13/07 & 12/6/07; Dr. reconsideration request - 12/3/07, report/notes - 11/28/07-12/5/07; DWC 69 & report - 2/4/07; Dr. DDE report - 5/2/07; FCE - 5/21/07; letter - 6/11/07; Rehabilitation Chronic Pain Evaluation - 5/17/07; Neurodiagnostic referral request form - 10/26/06 and EMG/NCV - 11/17/06; Dr. report & prescription - 10/18/06; MRI report - 11/8/05; chart sheet - 10/4/05 & 11/2/05; Orthopedics electrodiagnostic report - 4/13/06; TDI Molecular Imaging CT spine report - 7/13/06; Pain Mgt operative report - 7/31/06
Records reviewed from Injured Employee: Letter from injured employee - 12/26/07; Patient's notes regarding injury - 12/26/07, Patient's notes regarding symptoms - 12/27/07

The Carrier provided a copy of the ODG guidelines for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured while on the job in an MVA. Current symptoms include left sided headache, dizzy spells, tinnitus, jaw pain, clicking in ears, problems with focusing in vision, electrical current sensation in neck painful periscapular area, numbness in elbow and left ring and small finger, depression, anxiety, and insomnia. Previous treatment has included PT, traction, CESI, TrP injection, medial branch neurotomy, and medications.

From Dr. notes on 10/18/06 the patient had a left rotator cuff tendinopathy based on MRI. He reports that ESI was beneficial. He reports that radicular pain extends from the neck to the occiput and cervical spine into the left arm. He reports reproduction of pain with Valsalva type maneuvers with a Lhermitte's type phenomenon. She reports to him that she has leg weakness but not problems with walking. He finds that vibratory sensation is decreased in the lower extremities and he finds the reflexes to be increased in the lower extremities relative to the upper extremities. An MRI, however, revealed a C5-6 2mm disc protrusion contained within the posterior spinous ligament.

Dr. EMG was normal. Dr. EMG/NCS was normal. Discogram was not consistent with pain at C4-5, C5-6 and C6-7.

A CT myelogram and CT with multi-planar reconstruction is recommended by Dr. He documents no abnormalities in the clinical examination except for paraspinal and trapezius tenderness to palpation and limited cervical ROM. No change in the motor, sensory examination, or reflexes is documented.

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

MD of 12/6/07 denied the CT myelogram based on ACOEM recommendations. TDI mandates the utilization of the ODG.

MD of on 12/13/07 denied the CT myelogram based on ODG recommendations. The criteria for CT imaging by the ODG is sited in his report and the criteria appear to have been met in that the patient has "suspected cervical spine trauma, alert, cervical tenderness, and paresthesias in hand."

Quoting the ODG a diagnosis of cervical pain and DDD, 723.1 and 722.0, the recommendation for myelography is..."not recommended except for surgical

planning. Myelography or CT myelography may be useful for preoperative planning. (Bigos, 1999) (Colorado, 2001).”

Dr. has made it clear that he intends to use the myelogram to determine whether or not surgery is to be planned. Surgery is being contemplated and the proposed test will be used to determine the presence of neurological compression.

She has limb symptoms that have not been explained by previous diagnostic work up. Pain drawings indicate limb symptoms, but the neurosurgical examination by Dr. revealed no overt clinical signs of radiculopathy or myelopathy which may explain why MD of declined to recommend authorization of the CT myelogram.

However, her neurologist, Dr., documents symptoms and signs consistent with myelopathy. From Dr. notes on 10/18/06 he reports that a cervical ESI was temporarily beneficial suggesting possible a neuropathic source of her symptoms. He reports that left sided pain extends from the neck to the occiput and into the left arm which sounds neurological in etiology. He reports reproduction of pain with Valsalva type maneuvers as well as a Lhermitte’s type phenomenon (electric like sensation running down her spine). She reports to him that she has leg weakness without problems with walking. He finds that vibratory sensation is decreased in the lower extremities, and he finds the reflexes to be increased in the lower extremities relative to the upper extremities.

Per the ODG, the diagnosis of myelopathy is “...a difficult diagnosis to make. The clinician generally looks for signs and symptoms of long-tract findings (motor weakness, hyperreflexia, spasticity, ataxia, pathological reflexes, and myelopathic hand findings). In the early stages of cervical spondylotic myelopathy the first signs may be awkwardness of gait and balance. Upper extremity signs may include clumsiness or diffuse numbness of the hands. An area of signal changes in the spinal cord on MRI in an area of stenosis is highly suggestive of developing myelopathy.”

It further states, “There is no standard treatment algorithm due to the variable presentation and the lack of randomized trials evaluating treatment options. Surgical treatment (decompression) is recommended for patients with severe and/or progressive disease, but there is no established guideline for patients with non-progressive disease. Goal of surgery: The goal of surgical treatment is to decompress the spine and then stabilize the vertebral segments if there is evidence of segmental instability. (Rao, 2006)

Given a review of the ODG recommendations, the cervical myelogram with CT with multiplanar reconstruction is medically necessary as the following ODG criteria have been met:

- a) The patient has “..suspected cervical spine trauma, alert, cervical tenderness and paresthesias in hand.”
- b) The test is indicated to evaluate for a compressive cervical spinal cord lesion that may explain the yet unexplained arm symptoms (ODG confirms that myelogram is difficult to verify) as previously cited. Her neurological examination by Dr. suggests the presence of myelopathy yet a compressive lesion has not yet been discovered.
- c) The test is used to determine the need for possible surgical intervention which Dr. has clearly documented. He intends to look for a compressive neurological lesion as a source of her myelopathic and radicular symptoms.

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)