

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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**DATE OF REVIEW:** January 7, 2008

**IRO CASE #:**

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

Repeat lumbar myelogram with post CT scan

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

Neurosurgery – Board Certified

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the Carrier include:

- 12/21/07, 12/31/07
- 11/12/07, 11/29/07
- Hospital, M.D., 03/15/05, 03/31/05, 12/15/05, 03/16/06, 04/11/06, 04/20/06, 11/05/07

- Hospital, 03/16/05, 09/16/05, 12/15/05

Medical records from the URA include:

- Official Disability Guidelines, 2007
- 03/20/06, 12/27/07
- Texas Department of Insurance, 12/27/07
- Hospital, , M.D., 03/15/05, 03/16/05, 12/15/05, 03/16/06, 03/31/06, 04/11/06, 04/20/06, 11/05/07, 11/07/07
- Hospital, 09/16/05, 12/15/05, 03/16/06, 04/11/06

Medical records from the Provider include:

- Texas Department of Insurance, 12/27/07
- M.D., 10/30/89, 11/16/89, 12/06/89, 01/04/90, 02/26/90, 03/01/90, 04/05/90, 09/09/91, 04/23/92, 07/30/92, 09/08/92, 10/01/92, 11/19/92, 12/17/92, 02/04/93, 04/15/93, 05/17/93, 05/20/93, 06/03/93, 06/14/93, 06/24/93, 07/06/93, 08/02/93, 09/03/93, 09/24/93, 09/29/93, 10/21/93, 11/04/93, 12/06/93, 12/21/93, 01/06/94, 04/07/94, 05/19/94, 06/30/94, 10/18/04, 11/04/04, 02/07/05, 03/11/05, 04/07/05, 06/16/05, 08/04/05, 09/15/05, 03/16/06, 04/20/06, 11/05/07, 11/15/07, 12/15/05, 03/16/05
- Hospital, 09/04/92, 03/03/93, 03/30/93, 09/29/93, 02/04/05, 04/07/05, 03/15/05, 03/31/06, 04/11/06, 04/20/06, 11/05/07, 11/15/07
- Neurosurgical Association, 11/16/89, 12/06/89, 01/04/90, 02/26/90, 03/01/90, 04/05/90, 09/09/91, 10/21/93, 11/04/93, 12/06/93, 12/21/93, 01/06/94, 10/30/98, 05/18/93, 01/06/94, 04/07/94, 05/19/94, 06/30/94

### **PATIENT CLINICAL HISTORY:**

This patient was a Hispanic, who was injured on the job and presented with recurrent back and left leg pain. The patient had previously undergone apparently three surgeries involving L4-5 and L5-S1, including an original disc herniation surgery, and then, although not documented but inferred, the patient underwent a fusion with instrumentation followed by removal of the instrumentation.

The present injury was ultimately treated by M.D., with reexploration at L4-5 on the left, and because of continued persistent complaints, the patient subsequently underwent a fifth surgery of a decompressive laminectomy and multilevel foraminotomies at L4-5 and L5-S1.

The record goes on to note that the patient has persistent pain problems including back and bilateral hip and leg pain, and he was reevaluated in October of 2004.

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A CT myelogram was performed in February of 2005 revealing postoperative changes and a reported new paramedian disc herniation at L3-4.

The patient subsequently undergoes a sixth operation of an L3-4 laminectomy and interbody fusion with pedicle screw fixation.

There again is documentation that the patient has a persistent postoperative pain problem in March of 2006. He also undergoes removal of his spinal fusion stimulator.

There is another CT myelogram performed because of persistent and recurrent pain problems. The last CT myelogram reveals postoperative changes at the previous three-operated levels, as well as a reported mild L2-3 defect.

The patient again presents with his chronic persistent pain problems. Dr. sees the patient in November of 2007, and recommends a CT myelogram to rule out progressive L2-3 stenosis.

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

The patient has been denied twice for this requested repeat CT myelogram. I have been asked to determine whether an additional CT myelogram is appropriate.

My opinion is that this patient represents a multiple operated failed back syndrome, who has had essentially six surgeries with persistent post laminectomy pain syndrome involving chronic back and bilateral leg pain. It is my opinion that the patient is not a candidate for additional surgery. He has had multiple CT myelograms in the past and certainly the last study performed would indicate no need for additional surgery.

Therefore, again I would concur that the patient is not a candidate for another CT myelogram as he represents a chronic failed syndrome with no indications for further additional surgery or additional diagnostic workup.

**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)