



Notice of Independent Review Decision

DATE OF REVIEW:

07/25/2008 - AMENDED 08/05/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Please review the item in dispute: Lumbar Myelogram/CT.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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 requested lumbar Myelogram/CT is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 07/22/08 MCMC Referral
- 07/22/08 Notice To Utilization Review Agent of Assignment
- 07/22/08 Notice to MCMC, LLC Of Case Assignment
- 07/21/08 Confirmation Of Receipt Of A Request For A Review, DWC
- 07/17/08 Request For A Review By An Independent Review Organization
- 07/16/08 Adverse Determination Letter, RN
- 07/08/08, 06/24/08, 05/20/08, 02/26/08 to 03/17/08 case notes
- 07/01/08 Notice of Disputed Issue and Refusal To Pay Benefits
- 06/30/08 Adverse Determination Letter, , RN
- 06/26/08 Lumbar CT Myelogram note
- 06/26/08 EMG/NCS Left Lower Extremity note
- 06/24/08 Patient Profile
- 06/23/08 handwritten Routine referral form,
- 06/23/08, 03/20/08, 03/10/08, 07/10/07 Follow Up notes, M.D
- 06/06/08 Operative Report from M.D
- 04/29/08 Report of Medical Evaluation, D.O., Evaluation Centers
- 03/24/08 lumbar transforaminal epidural steroid injection note

- 03/13/08 Notice Of Disputed Issue And Refusal To Pay Benefits,
- 03/06/08 MRI lumbar spine, M.D.
- 02/26/08 to 07/08/08 case services request sheet
- 02/21/08 Consultation, M.D
- 02/18/08 Follow Up note, M.D.,
- 02/11/08 Follow Up note, PA-C,
- 02/11/08 MRI lumbar spine, M.D.
- 08/10/07 x-ray lumbar spine
- 08/08/07 MRI thoracic spine
- 07/10/07 MRI lumbar spine
- 07/01/07 lumbar spine radiographs
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male with a history of back surgery and injury in xx/xx/xx. The MRI of xx/xx/xx03/2008 showed scar and stenosis at L3/4. The injured individual has left leg pain and burning in his foot with reduced sensation but no indication if these are new findings.

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

The injured individual had an MRI in xx/xx/xx a month after injury that showed pathology and postoperative scar. Per Official Disability Guidelines (ODG), a CT is allowable if MRI is not available and that has already been done.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guidelines for CT: Not recommended except for indications below for CT. CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. (Slebus, 1988) (Bigos, 1999) (ACR, 2000) (Airaksinen, 2006) (Chou, 2007) Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. (Seidenwurm, 2000) The new ACP/APS guideline as compared to the old AHCP/APS guideline is more forceful about the need to avoid specialized diagnostic imaging such as computed tomography (CT) without a clear rationale for doing so. (Shekelle, 2008)

Indications for imaging -- Computed tomography:

- Thoracic spine trauma: equivocal or positive plain films, no neurological deficit
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, infectious disease patient



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- Evaluate pars defect not identified on plain x-rays
- Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989)