

# Independent Resolutions Inc.

An Independent Review  
Organization

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**DATE OF REVIEW:** 06/23/2008

**IRO CASE #:**

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

Lumbar myelogram with CT reconstruction

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

**DECISION** Board Certified Neurosurgeon with additional training in pediatric neurosurgery

**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)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This xx year-old male has a date of injury xx/xx/xx when someone tipped a 40 lb metal tool box that landed on his back while he was bent over. He complains of low back pain. He has numbness and tingling that radiates down his left leg. He has had PT and injections. His neurological examination is normal. An MRI of the lumbar spine 11/12/2007 reveals dessication of the discs L3-L5 with Modic changes to the endplates at L4-L5. There is a far-lateral disc to the left at L3-L4. The provider is requesting a myelogram and post-myelo CT scan.

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

The myelogram and post-myelo are not medically necessary. The provider states that he is looking for a source of neurological compression, yet the patient has no objective findings of this on examination. According to the ODG, "Low Back" chapter, "CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive". In this case, there is no indication that the MRI is unavailable, contraindicated, or inconclusive. Therefore, this test is not medically necessary.

**References/Guidelines**

*Occupational and Disability Guidelines "Low Back" chapter*

**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)