

US Decisions, Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: 06/12/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical and lumbar myelograms with CT

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

M.D, Board Certified Neurosurgeon

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)

Upon independent review the reviewer finds that the requested cervical myelogram with CT is not medically necessary and the requested lumbar myelogram with CT is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year old female with a date of injury xx/xx/xx. The patient complains of cervical and lumbar pain with bilateral radiating arm and leg pain. In 03/05/2007 she had no leg pain. She began complaining of left leg pain in the L5 distribution on 04/19/2007. Her neurological examination reveals some scattered hypalgesia and scattered decreased strength in the extremities. A myelogram in 11/15/2006 revealed small disc bulges at L3-L4 and L4-L5, no nerve root compression, and no problems at L5-S1, where she had had prior surgery (lumbar fusion 11/2005). There was borderline mild spinal stenosis and neuroforaminal narrowing at L4-L5 bilaterally. A cervical and lumbar myelogram and post-myelo CT have been requested.

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

The myelogram and CT of the **cervical** spine is not medically necessary. As has been pointed out by others, the cervical spine has not been mentioned until 04/14/2008. The description and neurological examination of the cervical spine are quite limited and uninformative. No conservative therapy has been documented for this; therefore, this test is not medically necessary. The myelogram and CT of the **lumbar** spine is also not medically necessary. Firstly, the neurological examination consists of: scattered numbness and scattered decreased strength in the extremities. This is not sufficient clinical evidence on which to decide to perform an imaging test. Moreover, although the epidural steroid injection has been denied, there is no documentation of any other modalities of conservative therapy before undergoing a myelogram, which, according to the ODG, is typically used for surgical planning. It is not clear that this patient is yet a surgical candidate. Therefore, both the cervical and lumbar myelogram and post-myelo CT scan are not medically necessary.

References/Guidelines

2008 *Official Disability Guidelines*, 13th edition

“Neck and Upper Back” chapter:

Myelography: not recommended except for surgical planning. Myelography or CT-myelography may be useful for preoperative planning. ([Bigos, 1999](#)) ([Colorado, 2001](#))

“Low Back” chapter

Myelography/CT myelography: 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 AHCPR 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
- Evaluate pars defect not identified on plain x-rays
- Evaluate successful fusion if plain x-rays do not confirm fusion ([Laasonen, 1989](#))

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)