

Notice of Independent Review Decision

DATE OF REVIEW: 03/04/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical myelogram with post-cervical CT scan

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

The TMF physician reviewer is board certified in pain management, it is on the TDI-WC approved doctor's list and is familiar with the treatment or proposed treatment.

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)

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.

It is determined that the cervical myelogram with post-cervical CT scan is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Notice of Assignment of Independent Review Organization
- Office visit notes by Dr. – 05/10/07 to 02/11/08
- Operative Report by Dr. – 05/30/07, 06/13/07
- Report of MRI of the lumbar spine w/wo contrast – 03/22/06
- Report of MRI of the of the shoulder – 03/21/06
- Report of laboratory values – 10/14/07

- History and Physical examination by Dr. – 04/05/07
- Letter from attorneys – 02/26/08
- Adverse Determine Notice – 01/14/08, 02/06/08
- Information from TDI requesting a review by an IRO. Received – 02/21/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when she was working at a restaurant and slipped on a wet floor and fell backwards. Since that time she has had pain in her back down to her lower extremities with complaints of numbness and tingling. She also complains of neck pain with numbness and tingling into her hands. The patient has been treated with medications as well as lumbar epidural steroid injections.

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

There are no documented examinations to indicate neurological deficits. Reportedly, 2 cervical MRI's have documented cervical herniated nucleus pulposus at C4-5 and C5-6 and one report was included in the medical record documentation. The only documented weakness was a give away weakness which was felt to be secondary to pain or a functional disorder. There would be no further benefits from a CT myelogram other than those found with 2 MRIs, as there are no documented neurological deficits to raise concerns. Both CT myelogram and MRI are static tests. If a definitive diagnosis is required, then discograms may be needed as they are dynamic tests to challenge specific discs.

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)**

Diagnostic Imaging – Spine, 2nd, June 2005, page II -2-27, “MRI best imaging tool with contrast if tumor or infection suspected for cervical HNP”
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**