



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 3/11/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a myelogram/CT of the lumbar spine.

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

The reviewer is a board certified physical medicine and rehabilitation physician with greater than 10 years of experience in this field.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a myelogram/CT of the lumbar spine.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Back Institute-Dr.

These records consist of the following (duplicate records are only listed from one source): Records from: Accident report- xx/xx/xx; MD MRI of the right thigh and lumbar spine -8/5/05; Health FCE-5/17/06, MMI report-3/31/06, Outpatient Occupational Therapy notes-5/17/06; MD radiology report-11/2/07; Back Institute request for MRI-11/2/07, request for myelogram-12/19/05, request for Chiropractic Assessment and Treatment-1/11/06, History/Physical and notes-10/3/05-1/28/08, COPE report-2/27/06, Rehab Services notes-3/17/06-4/28/06;

patient history-, Initial Nursing Assessment-10/21/05, Various Procedure reports-12/2/05,1/4/06&12/7/07 ; MD radiography note-12/7/07,12/2/05&10/21/05, Operative report-10/21/05&12/2/05; Family Medical Group history and physical report-7/12/05-10/6/06; Physical Therapy notes-7/26/05-9/9/05; Chiropractic Records-1/13/06-2/13/06; Medical Center -various operative reports-2/27/06; Orthopedic Specialists -Physical Therapy notes-3/17/06-5/31/06; DWC69-3/31/06.

Records.: Denial letters-2/4/08& 2/12/08; patient info screen prints; Back Institute appeal-2/5/08.

Records from MD: Back Institute request for myelogram-1/28/08, Follow-up notes11/6/07-12/21/07, Radiology report-11/1/07, Electrodiagnostic Study-10/21/05; Radiology report-11/1/07; MD MRI L-Spine report-6/12/07; Medical Center MRI of lumbar spine-8/5/05; Nerve Root Injection notes-12/7/07, Radiology reports-1/4/06; report-12/7/07.

A copy of the Official Disability Guidelines was not provided for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured while on the job slipping and falling at the jobsite. He failed to respond to non-operative measures including activity restrictions, oral analgesic medications, and lumbar blocks. He underwent surgical intervention on 2/27/2006 with a L4-5 bilateral hemi laminectomy, L4-5 foraminotomy. He appeared to respond to management, but in recent encounters he is reporting increased right sided lumbar and left pain. He was managed with transforaminal ESI that was partially beneficial. Dr. recommended further work up when the insurer denied repeat ESI. In the interim he has undergone cervical spine surgery malformation and spinal stenosis when he developed myelopathic sensory symptoms in the arms bilaterally. A lumbar MRI with gadolinium was requested by Dr. on 10/1/2007. A review of the report on 11/2/2007 indicates that a study without gadolinium was done.

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

According the ODG, Ct myelograms are, "Not recommended except for indications below for CT. CT Myelogram OK if MRI is unavailable, contraindicated (e.g. metallic foreign body), or inconclusive.

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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. 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.

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

Repeat post-operative lumbar CT myelogram was previously denied based on the fact that a lumbar MRI was already done. There was lack of evidence of neuropathic impingement on the recent repeat lumbar MRI without contrast. Based on the ODG recommendations, the repeat CT myelogram is not indicated. A lumbar MRI was done.

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)**