



REVIEWER'S REPORT

DATE OF REVIEW: 03/19/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Repeat CT myelogram of the lumbar spine.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Confirmation of a receipt of a request for IRO
2. Request for review by IRO
3. denial letter dated 01/24/08
4. denial letter dated 02/11/08
5. TDI case assignment dated 02/28/08
6. Records from Dr. from 05/06/04 through 01/31/08
7. Radiology reports from Hospital
8. X-rays of the lumbar spine dated 07/31/06
9. Discharge summary dated 07/07/06
10. Operative report for myelogram dated 06/07/06
11. Radiology report of CT myelogram dated 06/07/06
12. Lumbar myelogram dated 06/07/06
13. Operative report, epidural injection dated 04/04/06
14. X-ray report dated 03/06/06
15. Operative report dated 04/26/05
16. CT scan dated 04/26/05

17. Operative report dated 08/17/04
18. Lumbar myelogram dated 05/18/04
19. X-ray status post myelogram dated 05/18/04
20. CT myelogram dated 05/18/04
21. ODG Guidelines were not presented for review.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient has had multiple lumbar spine surgeries and has chronic axial low back pain as well as leg pain. Repeat CT myelogram has been ordered to evaluate for recurrent stenosis and/or junctional degeneration. These have been denied by the insurance carrier as medically unnecessary.

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

The patient has three-level lumbar fusion and continues to have axial low back pain and leg pain. The patient has failed conservative treatment, and further investigation is warranted. An MRI scan is contraindicated due to the metallic hardware, and the CT myelogram would be the best study to evaluate for junctional degeneration and/or stenosis. The CT myelogram is indicated.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)