

True Decisions Inc.

An Independent Review Organization

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DATE OF REVIEW: March 9, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar myelogram and post procedure CT scan.

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC SURGERY

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Letter of Denial 1/23/08, 2/8/06

Medical Records Dr. 11/27/07

MRI reports: 10/20/06 (Lumbar Spine), 11/11/06 (right hip, left knee), 5/12/06 (left knee)

CT reports: 8/29/06 (cervical spine, head, abdomen, pelvis)

Xray reports: 8/29/06 (left shoulder, chest, and cervical spine)

Medical Records Dr. 9/5/06, 9/26/06, 10/17/06, 10/2/07, 11/6/07, 12/4/07, 1/10/08

Functional Testing Diagnostics 9/7/07

HEALTH AND WC NETWORK CERTIFICATION & QA 3/28/2008

IRO Decision/Report Template- WC

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a lady who reportedly was injured in a rear end accident. She was evaluated in the local emergency room. The Reviewer presumes she had ongoing back pain, but none of this was mentioned in Dr.'s notes. He commented upon an antalgic gait that may be related to a knee injury and reduced ranges of motion in the lumbar spine. His notes did not comment on any low back symptoms other than she presented for a reevaluation of her neck and low back pain. There was no neurological exam of the low back and lower extremities. The lumbar MRI of 10/20/06 described small central disc protrusions at L1-2 and L5-S1 without neural foraminal narrowing, L3-4 small disc protrusion with mild bilateral neural foraminal narrowing and L4-5 disc bulge with bilateral neural foraminal narrowing. No nerve roots were compromised. Dr. examined her in November 1007. He reported that she had a "constant deep ache in the low back with radiation into bilateral lower extremities, left side great than right, with associated numbness and tingling in a nondermatomal distribution. His examination described a "hypoesthetic region in the S1 distribution on the left to pin prick and light touch, otherwise intact." He felt that the prior MRI showed effacement of the left S1 nerve root that was not described in the MRI report. He advised an epidural injection and possible surgical procedure.

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

The ODG criteria are quite explicit for the indications for a lumbar myelogram and CT scan. There is no definite neurological deficit. Dr. noted the nondermatomal distribution of her complaints.

The ODG criteria are: (italics are mine)

CT & CT Myelography (computed tomography)

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)