

Applied Resolutions LLC

An Independent Review Organization
1124 N. Fielder Road, #179, Arlington, TX 76012
(512) 772-1863 (phone)
(512) 853-4329 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: MARCH 11, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar CT/Myelogram 72295/62290

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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

Adverse Determination Letters, 01/18/2008, 01/28/2008
ODG Guidelines and Treatment Guidelines
Dr. Clinic note 12/10/2007
Clinic notes Dr. 1/20/2008, 11/26/2007
MRI of the lumbar spine reports 10/24/2007, 09/11/2006
Right knee MRI report 09/11/2006
Letter to Dr. by Dr. 11/26/2007
Letter to Dr. from Dr. 11/26/2007
Letter to Dr. from Dr. 11/26/2007

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient has a date of injury xx/xx/xxxx when she slipped and fell. She complains of pain radiating in her back radiating down both legs with some numbness in her feet. The pain is described as being in an L4 distribution. Neurological examination reveals decreased sensation in the left lower extremity without any specific dermatomal distribution. She has undergone epidural injections and physical therapy without improvement. MRI of the lumbar spine 10/24/2007 reveals moderate disc bulges at L1-L2 and L2-L3; a mild central disc herniation with facet arthropathy at L3-L4. At L4-L5 there is a minimal disc bulge. The provider feels that the MRI 10/24/2007 is inconclusive.

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

There are no objective findings on examination that would support further study with a myelogram CT. The provider states that the MRI is inconclusive but does not elaborate on why or how it is inconclusive. The 10/24/2007 MRI report appears to be clearly documented and detailed in its description. According to the 2008 *Official Disability Guidelines*, 13th edition, a CT myelogram is “ OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. ([Slebus, 1988](#)) ([Bigos, 1999](#)) ([ACR, 2000](#)) ([Airaksinen, 2006](#)) ([Chou, 2007](#))”. A CT, in particular is indicated for:

- 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](#))

The patient does not meet any of these criteria. Again, there is no explanation as to how the MRI is inconclusive. The decision should be upheld.

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)