

Notice of Independent Review Decision

DATE OF REVIEW:

05/07/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Myelogram with CT (72265).

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

Doctor of Osteopathy, Board Certified Anesthesiologist, and Specializing in Pain Management.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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.

Lumbar Myelogram with CT (72265) is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male with a date of injury xx/xx. The injured individual had a L5/S1 fusion in 06/2007. He did well postoperatively for months until 03/2008 when he complained of increased back pain and leg cramping and aching. Multiple x-rays showed a solid fusion. The MRI of 08/2007 showed well-placed fusion and no new neurological findings. The attending physician (AP) recommended a CT/myelogram in early 03/2008, which was denied. On 03/27/2008 he now documents positive straight leg raise (SLR), never documented before.

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

The CT myelogram is denied for multiple reasons. First, the only mention of positive neurological findings is on 03/27/2008. Prior to this, the injured individual had only complained of back pain and cramping in his legs. On 03/27 he had positive SLR which had never been documented postoperatively before. The CT was requested a few weeks before this note was written. There are no other neurological findings, no findings of cauda equine syndrome nor any indication this finding is consistently present on more than just this one visit. Second, there is no reason the injured individual cannot have a MRI as he already had one postoperatively that showed no new pathology. Official Disability Guidelines (ODG) recommends a CT only if MRI is unavailable.

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: American College of Occupational and Environmental Medicine 2004 pg 304.

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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)