



REVIEWER'S REPORT

DATE OF REVIEW: 05/14/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar myelogram and CT scan

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., duly licensed physician in the State of Texas, fellowship trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine with over twenty years of experience in the practice of pain management and the evaluation of claimant's such as this

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)

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

No clinical history was provided regarding this claimant's injury date or alleged mechanism of injury. Lumbar discogram on 01/14/02 demonstrated evidence of a painful annular tear at the L4/L5 level with no elicitation of pain at the L3/L4 or L5/S1 levels despite evidence of disc degeneration at L5/S1 on the CT scan. The claimant then apparently underwent instrumented fusion at L4/L5 and L5/S1 by Dr. The date of that surgery, however, was not provided.

On 12/06/06 the claimant was seen by Dr. complaining of lumbar pain. Dr.'s handwritten notes were, for the most part, illegible, but he documented no evidence of any physical examination abnormalities. He noted the claimant was taking Flexeril and tramadol.

The claimant followed up with Dr. on 04/02/07, still complaining of the same low back and now buttock pain. Dr. noted the claimant had “not worked in a couple of years.” Physical examination again documented no abnormalities. Dr. recommended CT myelogram.

The claimant returned to Dr. almost one year later on 03/24/08, still complaining of the same back pain. He indicated that she had non-specified leg pain, as well. She was apparently working at a job that allowed her to sit. Physical examination again documented no abnormalities, and Dr. again recommended CT myelogram.

Two separate physician advisers reviewed the request for CT myelogram, both recommended non-authorization. The chiropractor, Dr. wrote a letter of reconsideration on 04/08/08, merely restating all of the documentation that Dr. had previously submitted, providing no additional clinical information. After the second denial for the procedure, Dr. again wrote a letter of reconsideration, again merely restating everything that he had previously stated, providing no new clinical information other than restating the information contained in Dr.'s three progress notes.

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

This claimant appears to have primarily low back pain with documentation of some nonspecific, nonspecified leg pain. Physical examination, however, has at no time documented any neurologic abnormalities or signs of radiculopathy. Additionally, physical examination has not documented any signs of lumbar instability, nor have any x-rays been taken to even evaluate whether or not there is movement at the fusion site. Simple flexion and extension films of the lumbar spine would be sufficient to determine whether or not there was a solid fusion from L4 through S1 and whether there was any instability either within the fusion or above the fusion. Dr.'s request, therefore, for CT myelogram is not medically reasonable, necessary, or indicated, as there are no specific radicular complaints, no physical examination evidence of radiculopathy, and no necessity for CT myelogram to determine whether or not the fusion is stable since simple flexion and extension films would clinically suffice. Therefore, the previous recommendations by the two separate physician advisers for nonauthorization of the requested CT myelogram are upheld. There is no medical reason, necessity, or indication for the requested CT myelogram. Invasive procedures such as myelography should be reserved for those clinical situations where less invasive or noninvasive procedures can instead be done. In this case flexion/extension films should certainly be done to determine whether the fusion is solid or whether there is segmental breakdown above the fusion before considering an invasive procedure such as myelography.

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.)