

I-Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 26, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Myelogram with CT w/ Reconstruction Thoracic Myelogram with CT w/ Reconstruction

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

MD, Board Certified Orthopedic Surgeon

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)

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.

The reviewer finds that medical necessity exists for Lumbar Myelogram with CT w/ Reconstruction Thoracic Myelogram with CT w/ Reconstruction.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office notes, Dr., 05/07/08, 06/05/08, 10/13/08,
Letter of Appeal, Dr., 10/22/08
Pre-authorization request, undated
Adverse Determination Letters, 10/23/08, 11/04/08
Medical Conference Note, Dr., 10/28/08
ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This xx year old male sustained an injury to his lumbar and thoracic spine on xx/xx/xx when he fell xx feet through a ceiling and landed on a concrete floor. Documentation revealed the claimant underwent a T12 to L1 laminectomy and L3-4 posterior fusion in 2000. The claimant reported increasing constant thoracic and lumbar spine pain, radiating pain down his bilateral lower extremities with numbness in his low back and bilateral lower extremities. The claimant ambulates with a cane and reported trouble with his balance and a give way in his legs. The surgeon documented a diagnosis that included lumbar stenosis at L1-2, L4-5 and L5-S1 per myelogram report dated 06/07, low back and bilateral leg pain, thoracic pain, myelopathy and lumbar radiculopathy as well as the above noted surgery. EMG/NCV studies of the bilateral lower extremities were performed on 06/03/08 to reveal no conclusive electrodiagnostic evidence of lumbosacral radiculopathy and no evidence of polyneuropathy but did reveal several right leg muscles, exhibited tremors at rest which was especially noted in the tibialis anterior, medial gastrocnemius and extensor hallucis longus.

On 06/05/08, Dr. [redacted] documented his review of the lumbar myelogram performed on 06/20/07 revealed pedicle screws bilaterally at L3 and L4, stenosis at L1-2 with a high-grade filling defect, some slight diminished filling bilaterally at L2-3 and L4-5. Lateral views revealed stenosis at L1-2 level. He noted the lumbar CT scan revealed stenosis at L4-5 below the L3-4 fusion secondary to diffuse disc bulge and facet and ligamentous hypertrophy, evidence of surgery at T12, L1, and L2 with signs of laminectomy and there was still facet hypertrophy and stenosis present but he noted the quality of study was less than ideal.

The claimant was noted to be increasingly symptomatic with myelopathy and an MRI of the thoracic and lumbar spine was ordered but unable to be performed as the claimant reported he was very claustrophobic and unable to tolerate the procedure unless he was completely knocked out. Exam findings from 10/13/08 revealed moderate tenderness in the lower lumbar area with range of motion documented as 60 degrees of flexion, 5 degrees of extension and 10 degrees of lateral bending bilaterally. He had 3+ patellar and 3 Achilles reflexes, strength testing was 5/5 in all lower extremity muscle groups and sensation revealed a T5 sensory level to pinprick. Straight leg raise to 80 degrees bilaterally produced ipsilateral hip pain and there were 4 beats of clonus on the left and 2 beats of clonus on the right with a negative Babinski.

Dr. [redacted] noted in a medical conference dated 10/28/08 that the old MRI scan was hard to read at the L1-2 level although this level had the most significant stenosis. The surgeon requested an appeal for the denied authorization for the ordered thoracic myelogram with CT and reconstruction and the lumbar myelogram with CT and reconstruction due to the claimant's increasing symptomatology and the presence of myelopathy.

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

There are multiple office notes from Dr. [redacted] that document this claimant's complaints, findings, and treatment. They document the fact that he had lower thoracic laminectomy and mid lumbar fusion. They document the fact that he had progressive loss of function, pain, weakness, and has been treated conservatively without improvement. They also document neurologic changes to include clonus consistent with myelopathy, and a T5 sensory abnormality. There is a 06/25/07 lumbar myelogram that documents severe

stenosis mid lumbar. The treating physician is concerned that this patient needs surgery and has requested more up to date studies. Dr. has documented in his records that he is concerned about the thoracic sensory level and the question of myelopathy as well as concern about the high grade stenosis and myelopathy. In light of this claimant's apparent progressive neurologic worsening over time, tis concerned about the possible need for surgery and wants to make an absolute anatomic diagnosis, the reviewer finds the requested procedure to be medically necessary. The patient meets the criteria defined in the ODG Guidelines, which recommend the use of such studies in patients who have myelopathy and are preoperative. Based on all of the above, the reviewer finds that medical necessity exists for Lumbar Myelogram with CT w/ Reconstruction Thoracic Myelogram with CT w/ Reconstruction.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates
Low Back -- CT & CT Myelography (computed tomography)

CT & CT Myelography (computed tomography): Not recommended except for indications below for CT.

- 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.

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

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)