

CORE 400 LLC
240 Commercial Street, Suite D
Nevada City, California 95959

Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 10, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical CT/Myelogram

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 does not exist for Cervical CT/Myelogram.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

MRI cervical spine, 12/21/07
EMG/NCV, 03/17/08
Note, 03/08
Dr. 04/29/08
Office note, PA, 09/03/08
Adverse Determination Letters, 09/09/08, 09/18/08
ODG Guidelines and Treatment Guidelines
Addendum, Dr. 09/12/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male with a neck injury of xx/xx/xx which occurred when he was lifting a pallet with metal racks with a co-worker. A 12/21/07 MRI revealed no acute fracture or unstable injury, a mild thinning of discs throughout the cervical and cervicothoracic ranges, and showed periligamentous edema surrounding the anterior longitudinal ligament from the base of the skull thru C5. A 03/17/08 EMG showed evidence of a mild radial sensory neuropathy. A 04/29/08 cervical x-ray was within normal limits. The records show the claimant had an epidural for cervical symptoms that was not helpful. The diagnosis was cervical soft tissue injury, and possible left cervical radiculopathy.

On 05/29/08 the claimant had a left shoulder arthroscopy. A 09/03/08 office note stated the claimant had ongoing neck and left arm pain with continued numbness of the thumb and ring fingers. The doctor requested a myelogram and CT to fully evaluate the nerve roots and spinal canal for the diagnosis of cervical radiculitis.

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

The requested CT myelogram cannot be justified based on the information provided. The claimant had a negative MRI for neurocompressive pathology on 12/21/07. The records do not indicate that the claimant had prior surgery or other factors that would compromise the quality or conclusions of the MRI study. The claimant also does not have electrodiagnostic studies that suggest a cervical radiculopathy that might be better evaluated with a myelogram given the absence of objective radiculopathy and the absence of a prior neurocompressive pathology by MRI, a CT myelogram would not be expected to provide further information and cannot be justified based upon the guidelines and the information reviewed. The reviewer finds that medical necessity does not exist for Cervical CT/Myelogram.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates. Neck.
Myelography - Not recommended except for surgical planning. Myelography or CT-myelography may be useful for preoperative planning
CT scan.

Not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. (Anderson, 2000) (ACR, 2002) See also ACR Appropriateness Criteria™. MRI or CT imaging studies are valuable when potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery. MRI is the test of choice for patients who have had prior back surgery. (Bigos, 1999) (Colorado, 2001) For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. (Daffner, 2000) (Bono, 2007) CT scan has better validity and utility in cervical trauma for high-risk or multi-injured patients. (Haldeman, 2008)

Indications for imaging -- CT (computed tomography):

- Suspected cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet
- Suspected cervical spine trauma, unconscious
- Suspected cervical spine trauma, impaired sensorium (including alcohol and/or drugs)

- Known cervical spine trauma: severe pain, normal plain films, no neurological deficit
- Known cervical spine trauma: equivocal or positive plain films, no neurological deficit
- Known cervical spine trauma: equivocal or positive plain films with neurological deficit

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)