



Notice of Independent Review Decision

DATE OF REVIEW: 10/14/08

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for Dynamic weight-bearing lumbar myelogram with flexion and extension views and post myelogram/CT.

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

Texas licensed 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 previously denied request for Dynamic weight-bearing lumbar myelogram with flexion and extension views and post myelogram/CT.

There were no guidelines provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx years

Gender: Male

Date of Injury: xx/xx/xx

Mechanism of Injury: Motor vehicle accident

Diagnosis: Status post L5-S1 anterior lumbar interbody fusion (ALIF)

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

The claimant is a xx-year-old female with the date of injury of xx/xx/xx. The mechanism of injury was a motor vehicle accident (MVA). The request for review indicates the patient is male and Dr. 's August 18, 2008 report indicates this patient as a female. The claimant is status post L5-S1 ALIF on January 14, 2005.

This xx-year-old male or female, depending on which document is correct, was injured on xx/xx/xx. The claimant had immediate back pain and right leg pain, and was taken to later that day for assessment and treatment. The claimant subsequently was treated with chiropractic care and multiple diagnostic tests and was taken to surgery on January 14, 2005, where the ALIF at L5-S1 was performed. Initially, the claimant indicated a 50% relief of pain for 1 year, and then the pain returned and, in fact, was worse than prior to surgery, according to Dr. 's note on August 18, 2008. The claimant had a previous history of a low back injury in 2000, for which a pain management program was instituted and facilitated the claimant's return to work. She subsequently was asymptomatic until the MVA in xxxx.

The claimant's current medical condition, as reported by Dr. in August 18, 2008, noted his physical examination findings of flexion 40 degrees without discomfort on lateral bending, decreased bilaterally, extension and rotation positive bilaterally, left greater than right with low back pain. Tenderness moderate left, mild right. It did not indicate what specific body area. The claimant's deep tendon reflexes were intact at the knees and ankles. Straight leg raising was negative. Lasegue's was positive on the right with pain exacerbating the right buttock. Motor strength was 5/5 for all muscle groups tested. There was a stocking type hypesthesia with numbness in the entire right foot and all toes reported to have by Dr. at the L4, L5 and S1. Rationale for denial of the requested CT myelogram is that the ODG does not recommend CT myelography unless an MRI is not available. The claimant had prior MRI studies, with the most current provided for review being January 14, 2004. The claimant had a prior CT of the lumbar spine with contrast. Also, on July 28, 2004.

At this time, the medical records provided do not contain information that would support the need for a weightbearing myelogram with flexion, extension, and with post CT rather than an MRI. The claimant's previous fusion at L5-S1 appears to be intact, with the quality of the fusion not being questioned by Dr. , which would be an indication for a CT but not for a myelogram. Therefore, at this time, and per ODG criteria, this reviewer does not feel there is an indication for a dynamic weightbearing lumbar myelogram with flexion-extension CT.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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. Official Disability Guidelines (ODG), Treatment Index, 6th Edition (web), 2008, Low back—CT/CT myelogram.
Not recommended except for indications below for CT. CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive.
Indications for imaging -- Computed tomography:
 - Myelopathy (neurological deficit related to the spinal cord), traumatic
 - Myelopathy, infectious disease patient
 - Evaluate successful fusion if plain x-rays do not confirm fusion ([Laasonen, 1989](#))
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).