



Notice of Independent Review Decision

DATE OF REVIEW: 10/21/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. Lumbar myelogram with post-myelogram CT scan

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Maryland School of Medicine and completed training in Orthopaedics at University Hospital at Case Western Reserve. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 2004

REVIEW OUTCOME:

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

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

1. Lumbar myelogram with post-myelogram CT scan? Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a female who has prior history of spinal fusion with Harrington rod replacement. She has low back pain radiating to both legs. The left leg has more pain than the right due to catching a patient who was falling. MRI showed disc displacement lateralizing to the left L5-S1 and L4-5. Herniations have been clearly identified on the MRI.

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

The denial for a lumbar myelogram with post CT is upheld. The records reviewed include clinical visits and details from the EMG and MRI. The specified MRI report was not included to see if there was any mention of the quality of the exam. However, the injured worker has spinal instrumentation in for previous scoliosis surgery. This is most likely in the thoracic spine. The scatter artifact from the rods would not interfere with lower lumbar spine visualization.

The records indicate the MRI demonstrated disc displacement to the left at L4-5, L5-S1 on xx/xx/xx. In addition there was facet hypertrophy and ligamentum flavum hypertrophy. This would not be due to an acute injury. In addition, EMG found a chronic and remote L4 radiculopathy.

The injured worker had a DOI of xx/xx with a low-energy mechanism. She complained of low back pain, radiating to both legs and inner thigh. Usually there is not radiation to inner thigh described with LDH. There was a nearly normal physical examination, and no further exacerbating event known.

Thus, the MRI which diagnosed LDH in xx/xx is an adequate study. In patients with previous spine surgery, MRI is a superior diagnostic tool for providing soft tissue details.

The clinical notes do not indicate any progression or change in neurologic exam to warrant additional studies. The ODG guidelines state MRI is superior in noninvasive evaluation of patients. Myelography and CT myelo may

be supplemental when details needed for surgical planning or problem solving.

The injured worker has no progressive neurologic changes, there has been no new inciting incident since the MRI and traditionally, the Harrington rods are often in the thoracic level or upper lumbar level in scoliosis

Name: Patient_Name

surgery. Therefore, the previous denial of the Lumbar myelogram with post-myelogram CT scan is upheld in accordance with the ODG.

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

X 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

X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A

DESCRIPTION)

Goscinski I, Ulatowski S, Urbanik A. [Comparison of the clinical usefulness of magnetic resonance (MR), computer tomography (CT) and radiculography (R) in diagnosing lumbar discopathy] Przegl Lek. 2001;58(10):885-8. Klinika Neurotraumatologii Instytutu Neurologii Collegium Medicum Uniwersytetu Jagiellonskiego, Kraków.

Bischoff RJ, Rodriguez RP, Gupta K, Righi A, Dalton JE, Whitecloud TS. A comparison of computed tomography-myelography, magnetic resonance imaging, and myelography in the diagnosis of herniated nucleus pulposus and spinal stenosis. J Spinal Disord. 1993 Aug;6(4):289-95.