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Notice of Independent Review Decision

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DATE OF REVIEW: October 20, 2008

IRO CASE #:

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

This case was reviewed by a PM & R (Board Certified) doctor, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar myelogram and post CT with reconstruction

REVIEW OUTCOME

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

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o November 12, 2007 through April 26, 2008 medical records from .
- o November 20, 2007 through October 3, 2008 preauthorization review summaries and utilization review reports from
- o April 17, 2008 designated doctor evaluation report by .
- o August 15, 2008 electrodiagnostic report by
- o November 28, 2007 through August 21, 2008 chart notes and work status reports by .
- o January 29, 2008 medical report by .
- o October 17, 2007 through January 5, 2008 medical records from .
- o March 31, 2008 letter from the to the patient
- o April 27, 2008 through July 29, 2008 medical case management reports from
- o December 5, 2007 knee MRI report interpreted by .
- o November 20, 2007 through January 3 2000 and billing records from
- o September 19, 2008 preauthorization request sheets from
- o January 29, 2008 operative records from the
- o September 15, 2008 through October 2, 2008 medical records from
- o October 19, 2007 employer's first report of injury or illness signed by
- o February 11, 2008 Time submitted medical dispute response from
- o February 11, 2008 medical fee dispute resolution request/response from
- o January 31, 2008 left lower extremity venous Doppler ultrasound report by

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained an industrial injury on xx/xx/xx. A request was made for a lumbar myelogram with post CT and reconstruction. The request was reviewed on September 24, 2008 and a non-certification was rendered. The reviewer stated that in a September 15, 2008 note, there is no discernible documentation of any recent significant changes in the clinical pattern and character of symptoms, or of objective abnormal findings on examination. It appeared that the claimant had had the same symptoms for the last 11 months. The patient had undergone a lumbar spine MRI on April 10, 2008. There was no discernible documentation which clearly explain the manner in which the results of this study would add further either to the diagnoses or to the treatment. The request as submitted did not satisfy the Official Disability Guidelines' criteria for myelography. The requesting doctor's office reportedly told the reviewer that the doctor orders myelogram whenever surgery is contemplated. The office staff apparently did not explain the manner in which the study would add to the diagnosis or to the treatment.

The request was again reviewed on October 3, 2008 and another non-certification rendered. The reasons provided was that the EMG/NCV did not validate any unilateral L4-5 nerve root pressure, nor did the MRI. The clinical exam did not validate any L4-5 root deficit. The patient had an MRI which was not reported to be technically inadequate. A conversation was held between the reviewing physician and the requesting physician and the requesting physician reportedly stated that he did not know if the patient had been on neuropathic pain control medications. It was deemed that further medication management and further records were needed before proceeding to a myelogram CT scan.

The patient underwent a designated doctor evaluation on April 17, 2008. Past medical history was positive for morbid obesity, hypertension, and diabetes. The patient underwent left knee arthroscopy and partial medial/lateral meniscectomy on January 29, 2008. The report states that the patient is still recovering and in physical therapy. He has persistent low back pain but well preserved range of motion and normal neurologic exam. He was diagnosed with a lumbar sprain. He did not appear to have any significant lumbar injury and maximum medical improvement was anticipated in a two month period of time.

The records include an August 15, 2008 electrodiagnostic report with an impression of abnormal study. The report states that there is a current electrodiagnostic evidence that is consistent with mixed sensory motor peripheral neuropathy of the bilateral lower extremities of a mild degree. Nerve conduction studies of the bilateral lower extremities identified low amplitude nerve conduction in all nerves studied. There was no electrodiagnostic evidence of myopathy, entrapment syndromes, or lumbosacral radiculopathy. Needle EMG is currently within normal limits. The physician opined that although the patient describes radicular symptoms, it is his opinion that the bilateral feet paresthesias is a result of the peripheral neuropathy.

The patient presented for a neurological consultation on September 15, 2008. The report states that the patient underwent physical therapy which helped some. Facet injections did not help while left selective nerve block at L4 and L5 helped. He reported constant low back pain and rates his pain at a 5 to 6/10. Pain radiates down both legs and he has occasional numbness in both legs. He denied any bowel or bladder dysfunction. The report outlined the results of an April 10, 2008 MRI scan as follows: Exiting L5 root edema on the left sided L5-S1 associated with 1 mm broad-based disc protrusion at this level. There is a 1 mm broad-based disc protrusion present at L4-5 minimally narrowing the ventral epidural space, not impinging upon the neural structures. This is associated with minimal exiting L4 root edema on the left side. Reactive cortical and subcortical medullary bone edema of the anterior/superior aspect of L3 and S1 vertebra which may be due to post-traumatic inflammatory, a reparative change if the patient had antecedent trauma. Otherwise it may represent early Modic type I degenerative change. Less likely it will be infiltrative or replacement marrow process at those two levels.

Examination findings included normal heel/toe walk, negative straight leg raise bilaterally, 5/5 strength in all lower extremity muscle groups, intact sensation to pinprick, and symmetric deep tendon reflexes. The report reiterated that the patient had a good response to left L4 and left L5 selective nerve root block in April 2008. He did not respond to left-sided facet block. The patient has now been symptomatic for almost a year. The neurologist recommended a lumbar myelogram to rule out nerve impingement given the good response to the selective nerve blocks and the poor response to the facet injections.

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

The Official Disability Guidelines state that CT Myelography is OK if MRI is unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. The medical records contain the results of an April 10, 2008 MRI which was not noted to be inconclusive. The MRI demonstrated L5 root edema and minimal narrowing of the ventral epidural space at L4-5, not impinging upon the neural structures. There was minimal exiting L4 root edema on the left side.

The patient underwent electrodiagnostic study which revealed peripheral neuropathy with no evidence of lumbosacral radiculopathy. The neurological consultation of September 15, 2008 revealed intact neurologic findings regarding the patient's lower extremities in terms of deep tendon reflexes, motor strength, and sensation. The criteria specified by the Official Disability Guidelines for proceeding with CT myelography has not been met. An MRI was not unavailable, contraindicated, or inconclusive. Although the patient was noted to have a good response to selective nerve root blocks at the L4 and L5 levels, the imaging findings are not consistent with frank neural compromise, the patient demonstrates a negative neurological examination, and electrodiagnostic studies were negative for lumbosacral radiculopathy. Therefore, my recommendation is to uphold the previous determination to non-certify the request for Lumbar myelogram and post CT with reconstruction.

The IRO's decision is consistent with the following guidelines:

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
- ____ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ____ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

Official Disability Guidelines (2008)/Lumbar Chapter:

Myelography:

Recommended as an option. Myelography OK if MRI unavailable. (Bigos, 1999)

CT & CT Myelography (computed tomography)

Not recommended except for indications below for CT. CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. (Slebus, 1988) (Bigos, 1999) (ACR, 2000) (Airaksinen, 2006) (Chou, 2007) Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. 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. (Seidenwurm, 2000) The new ACP/APS guideline as compared to the old AHCPR guideline is more forceful about the need to avoid specialized diagnostic imaging such as computed tomography (CT) without a clear rationale for doing so. (Shekelle, 2008)

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 (Laasonen, 1989)