

Applied Assessments LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: October 29, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

CAT Scan, Lumbar spine, with contrast (CT myelogram)

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 8/29/08 and 10/6/08
Records from 2/21/08 thru 9/22/08; Electrodiagnostic Study 8/11/08
MRI 3/6/08
Record from 1/4/29/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old man who originally injured his back and underwent a right L3/4 hemilaminectomy in 2007. He apparently slipped and fell 18 inches and hit his back on xx/xx/xx. He had back pain with numbness in the left thigh and foot per Dr. . Dr. described the back pain and anterior thigh numbness. Dr. described weakness in the left TAL and a positive straight leg raising. An EMG on 8/11/08 was consistent with a left L3/4 radiculopathy. He failed to improve more than a day with a left L3/4

transformaminal epidural corticosteroid injection in June. He had a lumbar MRI 3/6/08 that showed the prior surgery at right L3/4. There was a reported increase in the postoperative canal diameter compared to a preoperative study. Granulation tissue and posterior osteophytes were described. The right neural foramen was narrowed. The radiologist did not comment on the left neural foramen. There was some degenerative changes in the facets at L4/5 and L5/S1 with mild central narrowing from a disc protrusion and posteriorlateral osteophytes at this level. There were left lateral osteophytes at L2/3 reported anterior to the left L2 root.

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

The ODG reports based upon evidence medicine. The section on the CT myelogram follows. It notes that the CT myelogram is approved if the MRI can not be performed or is inconclusive. (the section for the CT scan is separate). Quoting the ODG, “ 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. “ In this case, the man has clinical signs and symptoms of a left L3/L4 radiculopathy, and the MRI failed to show the cause. In this case, it would appear that the CT myelogram is ordered to visualize the “neural structures” to determine, if possible, the cause of the symptoms. Many back surgeons order CT myelograms in addition to MRIs when they are not clear of the pathology or suspect nerve root compromise distal the origin of the root sleeve. As such, it would be appropriate in this case.

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)

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)**