

SENT VIA EMAIL OR FAX ON
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An Independent Review Organization

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DATE OF REVIEW:

Apr/30/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Myelogram with CT scan, lumbar spine

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

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Office note of Dr. 09/08/08, 10/28/08, 02/16/09

X-rays 02/16/09

Office note of Dr. 02/27/09

Peer review 03/11/09

Peer review 03/25/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male who was status post multiple lumbar surgeries. Reportedly, the claimant was status post lumbar surgery L2 through sacrum and removal of spinal cord stimulator in 2002. Dr. evaluated the claimant saw the claimant on 02/16/09 for complaints of increased pain to the mid and upper lumbar spine with pain that radiated to the left leg. The claimant reported that it was getting worse. Examination revealed tenderness, flexion induced pain slightly on the right side and no left patella reflex and right patella reflex intact. Diagnosis was failed back syndrome with broken pedicle screws at L3 with transitional level disease at L1-2, and facet pain. Medications and follow up with Dr. was recommended. The 02/16/09 lumbar spine x-ray report, including flexion and extension, showed broken pedicle screws at the L3 level, significant adjacent level breakdown at the L1-2 level which was not significant 4½ years prior on x-rays. The report stated the broken screw was noted in 2004. Dr. evaluated the claimant on 02/27/09 for complaints of low back pain and bilateral lower extremity pain. The claimant reported his leg pain was the worst pain. Examination revealed reflexes at knees and ankles symmetrically diminished and extensor hallucis longus and tibialis strength was 5/5. Dr. reviewed the x-rays which showed previous fusion from L3 down to sacrum,

anterior interbody fusion at L3-4, previous fixation with broken screws at the L3 level, screws at L2 were intact and retrolisthesis at L1-2 level. Diagnosis was status post multiple lumbar surgeries with fusion L2 down thru sacrum with surgeries in 1985, 1995, 1998, 2002 status post spinal cord stimulator removal with severe bilateral leg pain and back pain with neurogenic bladder with probable transition syndrome with evidence of pseudoarthrosis at L2-3 level. The plan was for a myelogram CT to rule out stenosis and pseudoarthrosis.

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

The request is for lumbar CT myelogram. This complex case is a gentleman who has undergone multiple lumbar procedures. The date of injury was listed as xx-xx-xx. The most important facts are that the notes of Dr., 02/27/09, reflect recurrent leg pain. He has a broken screw, which has been there for quite some time, but he may have developed junctional stenosis. In light of his radicular symptoms the Reviewer would agree with a lumbar CT myelogram to determine if there is neural impingement accounting for his leg symptoms and help assess the quality of the previous fusion.

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, chapter lower back

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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