



IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 08/31/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: CT myelogram of lumbar spine

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Patient information sheet, 03/06/09
2. Peer review, 04/15/09
3. Modern Spine: Dr. , 05/01/09 - 06/09/09
4. CT/myelogram lumbar spine request
5. Adverse determination notices, 06/17/09, 07/06/09
6. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

This injured employee was injured while working. She was xx years of age at the time of her injury. She stated she bruised her ribs while walking down the stairs and then she slipped on a rock that hit against a rail. Her medical history included a previous anterior cervical discectomy and fusion of the cervical spine and an arthrodesis in the lumbar spine at L4-L5 and L5-S1. Following this acute incident, she complained of pain in the neck, the low back, and the left shoulder.

MRI studies of the cervical spine reported postoperative changes at C5-C6. There was also a diffuse 2 mm. disc herniation at C6-C7.

An MRI of the lumbar spine reported a postoperative fusion at L4-L5 and L5-S1.

Dr. examined the claimant on 12/17/08 for her complaint of 90% neck pain and 10% left upper extremity pain. The doctor reported decreased cervical range of motion.

The injured employee underwent cervical surgery on 02/25/09 performed by Dr. . Surgery consisted of removal of hardware at C5-C6, C6-C7 discectomy, decompression, and fusion, and cervical plate fixation from C5 to C7.

The employee had a good result from cervical surgery, as reported by Dr. on 03/06/09.

A lumbar epidural steroid injection was performed by Dr. , which improved the employee's pain 10% for two days.

Dr. reported on 06/09/09 that the employee still had low back pain that radiated a burning sensation to the bilateral knees, right greater than left. Physical examination reported positive straight leg raising and restricted range of motion. She had symmetrical reflexes, strength, and sensation of the bilateral lower extremities. The doctor requested a CT myelogram to determine the current anatomical status and source of persistent pain.

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

The request for CT myelogram of the lumbar spine is not supported by the submitted clinical information. A review of the two previous determinations indicates that Dr. has not established the medical necessity of this request.

The available medical records indicate that the employee initially sustained an injury to her low back as the result of falling against a rail while walking down stairs on xx/xx/xx. The employee subsequently sustained injuries to her neck and injuries to her low back. She has a past medical history of fusion at L4-5 and L5-S1. Serial physical examinations indicate complaints of low back pain with radiation down to the lower extremities. It is unclear if this is residuals from the employee's previous surgery or represents injury associated with the xx/xx/xx date of event. The employee's serial physical examinations are unchanged. There is no evidence of a progressive neurologic deficit. MR imaging indicates a left lateralizing disc herniation at L3-L4 with EMG findings involving the right S1 nerve root. The employee's current presentation is inconsistent with this objective data.

Noting that the employee does not have any changes in her serial physical examinations with no evidence of a progressive neurologic deficit, the request for CT myelogram is not medically necessary and the previous determinations are upheld.

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

1. Official Disability Guidelines