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Notice of Independent Review Decision

MEDICAL RECORD REVIEW:

DATE OF REVIEW: 08/03/09

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 Pain Management (Board Certified), 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 with CT scan

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 04-16-02 Operative report, lumbar surgery from Dr.
- o 02-05-03 Operative report, lumbar surgery with fusion, from Dr.
- o 04-28-06 Operative report, Lumbar Myelogram, from Dr with CT scan
- o 12-07-06 Medical report from Dr.
- o 12-21-06 Medical report from Dr.
- o 03-11-07 Medical report from Dr.
- o 03-29-07 Medical report from Dr.
- o 10-25-07 Medical report from Dr.
- o 11-12-07 Medical report from Dr.
- o 01-31-08 Medical report from Dr.
- o 05-15-09 Medical report from Dr.
- o 06-15-09 Radiology report, lumbar, read by Dr.
- o 06-29-09 Medical report from Dr.
- o 06-22-09 Letter informing review findings/non-certification for CT Myelogram from
- o 07-08-09 Letter informing non-certification of reconsideration for CT Myelogram from
- o 07-15-09 Request for IRO from the claimant
- o 07-21-09 Confirmation of receipt of request for IRO from
- o 07-24-09 Treatment history created by

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records and prior reviews the patient is a xx-year-old employee who sustained an industrial injury to the neck and low back on xx/xx/xx. He is status post right L4-5 hemilaminectomy with decompression and foraminotomy, facetectomy and discectomy on April 16, 2002 and decompression L3-5 laminectomy, bilateral L3, L4, and L5 root decompression, bilateral L3-4 and L4-5 excision of herniated disc, bilateral L3-4, L4-5 anterior spinal column arthrodesis, bilateral L3-4 and L4-5 interbody cage implants and bilateral L3-4, L4-5 posterolateral fusion with pedicle screws and rods on February 5, 2003. An EBI spinal fusion stimulator was also inserted on February 5, 2003.

The patient underwent a previous myelogram with CT scan on April 28, 2006. The myelogram findings revealed postoperative change secondary to posterior decompression procedure with bilateral posterior fusion procedure noted at L3-4 and L4-5 disc space levels. Bilateral pedicle screws are present at the L3, L4 and L5 transfixing posterior compression plates extending from L3 through L5. Interdisc spacers are present within the L3-4 and L4-5 disc spaces. There is a moderate anterior extradural defect noted at the L2-3 disc space. CT scan showed dural sac and neural foramina maintained at L4-5 and neural foramina and facet joints well maintained at L5-S1. Bony fusion was seen posteriorly at L5-S1.

On May 11, 2007 the patient's neurosurgeon noted the patient was seen two months prior and denials have been received for requests for lumbar epidural injections for low back, hip and leg pain, secondary to lumbar stenosis seen on lumbar myelogram and CT scan on April 2006. The patient has persisting symptoms and an updated myelogram with CT scan is recommended to see if the L2-3 stenosis is getting tighter and a repeat decompression is needed. The patient was reported worsening on May 29, 2007 with neurologic deficit present of weakness and numbness in the legs and an updated myelogram/CT scan was needed.

When reevaluated on October 25, 2007 the patient's neurosurgeon noted that treatment requests were being denied. The patient needs cervical and lumbar myelography and CT scanning. He also needs epidural injections. He is using Darvocet, Flexeril and Motrin. In November 2007 the patient was reported to be basically incapacitated. Physical examinations do not appear to have been provided with these reevaluations.

The patient was reevaluated on November 12, 2007. He appears unchanged and no treatments have been authorized. A physical examination is not reported.

The patient returned 13 months later and was reevaluated on January 31, 2009. He is having increasing mechanical lumbar pain with pain in the hips and legs with numbness, dysesthesias, and weakness in the legs. X-rays show solid fusion from L2 through L5 with good alignment. He has limited low back mobility. He is using Darvocet, Flexeril and Motrin. He needs a lumbar myelogram and CT scan for further investigation into his increasing pain and neurologic deficit. A physical examination is not reported.

Lumbar x-rays taken June 15, 2009 were interpreted as showing stable views of the lumbar spine, unchanged from 03/20/2006. Decompression with fusion at L3-4 and L4-5 was noted. Interdisc spacers are seated within the L3-4 and L4-5 disc spaces. There is bilateral bony fusion processes from L3 through L5. Bone stimulator electrodes are present within the bony fusion processes. On June 29, 2009 the patient's symptoms continue. He has severe mid-lumbar pain with radicular pain in the hips and legs, mainly on the left side. Straight leg raise is positive. The reviewer has states a lumbar MRI could be appropriate but we can get more information from a myelogram with CT scan since he has had previous surgery with instrumentation. Other than a positive straight leg raise, a objective physical examination findings are not reported.

Per the treatment history provided by the carrier, the patient has undergone two MRIs without dye, one MRI with and without dye and an MRI-angiogram of the spine with and without dye as well as CT myelogram with dye. The dates of these services are not noted, however the treatments/diagnostics appear to be in chronological order and MRIs appear to have been provided post-operatively which would indicate stimulator wires are not a contraindication to MRI.

Request for lumbar myelogram with CT was not certified in review on June 22, 2009 with rationale that ODG recommends CT myelography if MRI is not available or is contraindicated. CT scan is not recommended on a routine basis. It is allowed to confirm fusion if plain-film x-rays do not confirm fusion. A complete physical and neurologic examination has not been presented for review. There was no documentation of failure of conservative management provided for review. The possibility of affectation of the spinal cord stimulator was not ruled out in the submitted clinical notes. A peer discussion was attempted but not realized.

Request for reconsideration of lumbar myelogram with CT scan was not certified in review on July 8, 2009 with rationale that ODG allows for myelogram/CT scan when supplemental visualization is required for surgical planning or other specific problem solving. There is no indication in the records that the plain radiographic studies performed are inconclusive at this point. The anticipated benefits of an invasive study such as CT myelogram over a non-invasive, criterion standard option are not established at this juncture. There is no clear-cut indication that surgery is anticipated. There is no documentation provided for review with regard to the failure of conservative measures such as PT and pharmacological agents in addressing the current symptomatology of the patient. The provider's assistant informed that he does not participate in peer discussions.

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

The patient is status post decompression and fusion L3-5 in February 2003. A lumbar myelogram/CT scan of April 28, 2006 showed good fusion. The patient has been reporting worsening symptoms of low back pain since early 2007 with neurologic deficit present of weakness and numbness in the legs. The provider was informed per a reviewer that an MRI could be appropriate but the provider prefers myelogram/CT scan as more information can be obtained in a patient with instrumentation. X-rays taken June 15, 2009 show solid fusion from L2 through L5 with good alignment. X-rays also show bone stimulator

electrodes present within the bony fusion processes, but MRI appears to have been provided post-operatively and the provider has not indicated any contraindication to MRI in the submitted reports. Other than subjective report of generalized lower extremity weakness and numbness, a specific neurologic deficit is not clarified and nowhere in the submitted reports is found a thorough physical examination with findings corroborating the reported weakness and numbness. ODG allows for myelography/CT scanning when MRI is not available or visualization is required for surgical planning or other specific problem solving. The provider desires this intervention preliminary to a request for epidural injection. The radiographic findings do not appear to have been questioned by the provider. The clinical findings do not substantiate a medical necessity for this invasive intervention versus a non-invasive, criterion standard option such as MRI. Physical exam does not demonstrate evidence of a progressive neurologic lesion. Therefore, my recommendation is to agree with the previous non-certification for lumbar myelogram with CT scan.

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
- 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

The Official Disability Guidelines - Low Back, CY and CT Myelography (7-22-2009):

Not recommended except for indications below for CT. CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. 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. 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. A new meta-analysis of randomized trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients.

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)