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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/15/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Myelogram w/CT Scan 62284, 72132

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

MD, Board Certified Neurosurgeon

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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 10/8/09, 11/10/09
MD, 10/26/09, 10/1/09, 7/9/09
MRI Lumbar Spine, 1/13/09
EMG/NCS, 6/6/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male with a date of injury xx/xx/xx when his foot got caught between a wall and edge of the roof, twisting his back. He complains of low back pain that radiates into his right leg and into the foot. He has had an ESI and a medrol dose pack. His neurological examination reveals a trace reflex in the right ankle with numbness in the lateral aspect of the lower right leg. An EMG/NCV dated 06/06/2009 was normal. Plain films of the lumbar spine 01/13/2009 show degenerative hypertrophic development in the upper lumbar spine. An MRI of the lumbar spine 01/13/2009 revealed partial central annular tear at L2-L3 and minimal bulging at L4-L5. There is no mention of the L5-S1 level. The provider is requesting a lumbar myelogram with CT scan 62284, 72132.

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

The myelogram with CT is medically necessary. According to the ODG, a CT myelogram is indicated if an MRI is contraindicated, inconclusive, or unavailable. It can also be used for surgical planning. In this case, the claimant has evidence of an S1 radiculopathy, as evidenced by a trace ankle reflex on the right, as well as numbness in the S1 distribution. The prior MRI of 01/13/2009 does not mention any pathology at L5-S1. Therefore, one can infer that it is "inconclusive" regarding the L5-S1 level, particular in light of the patient's complaints and physical findings. For this reason, then, the lumbar myelogram with CT is medically necessary, and its use is consistent with ODG. The reviewer finds that medical necessity exists for Lumbar Myelogram w/CT Scan 62284, 72132.

Myelogram/CT

Not recommended except for surgical planning. Myelography or CT-myelography may be useful for preoperative planning. (Bigos, 1999) (Colorado, 2001)

Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. (Slebus, 1988) (Bigos, 1999) (ACR, 2000) (Airaksinen, 2006) (Chou, 2007)

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