

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/05/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Lumbar Myelogram with CT Scan

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

MD, 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

Adverse Determination Letters, 10/23/09, 10/15/09, 10/21/09
MD, 10/19/09, 9/10/09, 5/7/98, 2/5/98, 11/24/97, 8/29/96, 8/18/97, 6/12/95, 8/28/95, 11/2/95,
2/5/96, 12/27/95, 2/28/94, 5/12/94, 8/15/94, 12/4/94, 2/11/93, 4/22/93, 7/19/93, 9/2/93,
11/15/93, 9/2/93, 7/18/91, 9/19/91, 4/13/92, 6/22/92, 11/12/92, 3/26/92, 9/13/90, 12/13/90,
1/14/91, 3/14/91, 5/16/91, 2/5/90, 3/29/90, 5/31/0, 7/12/90, 10/30/89, 10/16/89, 12/31/86,
12/1/86, 10/27/86, 7/19/85, 8/15/85, 7/24/86, 8/7/86, 8/28/86, 6/5/85
Radiology Report, 10/1/09, 9/10/09, 5/7/98, 2/5/98, 11/24/97, 8/18/97, 9/22/86, 2/2/87,
3/23/87, 5/7/87, 11/20/89, 1/2/90, 12/27/93, 9/2/93, 7/30/93, 4/1/92, 10/9/89
MRI Lumbar Spine, 12/13/90, 11/21/89, 10/1/09
Discharge Summary, 11/4/07
Operative Report, 10/31/97
Myelogram, 9/27/95
Lumbar Spine with Flexion and Extension, 6/12/95
Discharge Summary, 8/4/93
Myelogram, 4/1/92
Discharge Summary, 1/14/90
Operative Report, 1/10/90
Pathological Record, 1/10/90
Operative Report, 9/30/86
Tomography Lower Lumbar Spine, 9/8/86
Lumbar Myelogram, 9/24/86

Discharge Summary, 9/23/86
Operative Report, 4/24/85
Discharge Summary, 4/16/85
ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who has undergone lumbar laminectomy and lumbar fusion at L4/L5 and L5/S1. The medical records indicate he still has pedicle screws in place. He was injured on xx/xx/xx. Current MRI studies from October 2009 reveal spinal stenosis. He has significant progressive neurological deficit, positive straight leg raising, weakness in the quadriceps, and plantar flexion and dorsiflexion with sensory changes, as well.

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

Based upon the medical records and the MRI scan report, there are changes that would explain the quadriceps weakness in this patient. However, due to the hardware in place, evidently the images at the L4/L5 level where there are nerve roots that would be involved in foot dorsiflexion are poorly visualized. In addition, the provider's request is also for a view to determining the exact canal dimensions in order to plan a decompressive surgery for central and neural foraminal stenosis. While the previous reviewer denied this on the basis that the study already provides adequate information to explain the neurological deficit, this reviewer is of the opinion that given the hardware in place, and the fact that this man has already had two previous surgeries, the myelogram is medically necessary in this particular instance for pre-surgical planning. The reviewer finds that medical necessity exists for 1 Lumbar Myelogram with CT Scan.

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)