

SENT VIA EMAIL OR FAX ON
Feb/17/2009

Applied Resolutions LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/17/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Injection for Myelogram; CT Lumbar Spine with Dye

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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

Records from Dr. 09/15/2005, 10/20/2005, 11/10/2005, 12/22/2005, 03/02/2006, 05/09/2006, 07/10/2006, 09/14/2006, 11/16/2006, 02/19/2007, 05/21/2007, 08/27/2007, 11/15/2007, 01/21/2008, 06/02/2008, 06/23/2008, 09/15/2008, 10/27/2008, 12/15/2008, 12/29/08

OP Reports 11/7/08, 1/29/08, 9/5/07, 11/30/05, 10/14/05

MRI of the lumbar spine with and without contrast report 10/06/2008

Plain films of the lumbar spine report 11/30/2005

Post-myelogram CT report 10/1/2005

MRI of the lumbar spine report 09/29/2005

Discharge summary from 11/30/2005 admission

History and physical 11/3/2005

PATIENT CLINICAL HISTORY SUMMARY

This is a xx year-old male with a date of injury xx/xx, while doing some lifting. On 11/30/2005 he underwent right L4-L5 and L5-S1 hemilaminectomies with decompression of nerve roots and discectomies. He did well for a period of approximately 2.5 years. He complains of severe pain in his low back and bilateral legs, worse on the right, with numbness and dysesthesias and a feeling of weakness in the legs. His back pain is mechanical. He has had ESIs, chiropractic treatment, and multiple medications. An MRI of the lumbar spine with and without contrast 10/06/2008 reveals at L4-L5 a disc protrusion to the left, with bilateral

neuroforaminal narrowing, left greater than right. At L5-S1, there is a broad disc bulge with moderately severe facet disease. There is prominent bilateral foraminal stenosis. The provider is contemplating a two level fusion at L4-L5 and L5-S1. The provider feels that he may be a surgical candidate and is requesting a myelogram/CT myelogram to assist him with this decision.

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

The myelogram and post-myelo CT are medically necessary. This claimant appears to be a surgical candidate based on the history and MRI results. He has failed conservative measures and has progressive degenerative changes limited to two levels of the lumbar spine. According to the Occupational and Disability Guidelines, "Low Back" chapter, a CT myelogram can be used for surgical planning. The provider is using this CT myelogram for this purpose. As stated above, the claimant appears to be a surgical candidate. Therefore, the CT myelogram is medically necessary.

References/Guidelines

Occupational and Disability Guidelines "Low Back" chapter

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)