

# I-Decisions Inc.

*An Independent Review Organization*

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## Notice of Independent Review Decision

**DATE OF REVIEW: JANUARY 25, 2009**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Cervical Myelogram/CT Radiological Supervision and Interpretation

**A 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity exists for Cervical Myelogram/CT Radiological Supervision and Interpretation.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 12/31/08, 12/18/08

ODG Guidelines and Treatment Guidelines

Dr. , MD, 12/8/08, 12/28/08, 10/20/08, 11/5/08  
, 11/20/08

Dr. MD, 10/29/08

MRI of Cervical Spine, 9/11/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is an injured worker who was injured on xx/xx/xx after being involved in a motor vehicle accident. She had complaints of neck pain as well as neurological findings

related to possibly radial nerve distribution injury. An MRI scan of the cervical spine from 09/11/08 revealed a 3-mm to 4-mm central disc protrusion at C6/C7 impinging upon the spinal cord and bulges at C4/C5 and C5/C6. She continues to have severe neck pain rated at 8/10 to 9/10. She has had extensive conservative treatment. She has a complex neurological picture as the previous reviewer had noted. The EMG showed evidence of a radial nerve palsy. The medical records from the treating surgeon indicate that this is a complex neurological picture, and current request is for a myelogram with post myelographic CT scan.

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

Based upon the findings of the MRI scan, the radicular problems, which are significant and not simply pain but also wasting, and the failure to improve with extensive conservative care, given the presence of atrophy of the left wrist extensor muscles with 0/5 dorsiflexion of the left wrist and 0/5 finger extensor weakness, with all the rest of the motor exam being within normal limits, with a sensory examination revealing hypoesthesia over the left first and second digits, and the surgeon's concern for some neural foraminal stenosis on the right and facet disease compromising the foramen that I have seen on the MRI scan, it makes the medical necessity for further imaging studies such as the myelogram and post myelographic CT scan to be reasonable and medically necessary, and in this reviewer's opinions conforms to the ODG Guidelines. For this reason the medical necessity for this imaging study is found to be present in this particular case. The reviewer finds that medical necessity exists for Cervical Myelogram/CT Radiological Supervision and Interpretation.

**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
- AHCP- 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)**