

I-Decisions Inc.

An Independent Review Organization
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DATE OF REVIEW:

Jun/24/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Cervical myelogram Post CT Scan, Levels C3-T1, 62284, 72126

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

M.D., board certified in Orthopedic Surgery

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
Determination Letters, 5/7/09, 5/20/09
MD, 5/11/09, 4/24/09, 3/10/09, 2/26/09, 1/30/09
MRI of the Cervical Spine, 3/25/09, 2/18/09
MRI of the Thoracic Spine, 3/25/09, 12/3/08
OHS, 12/18/08, 11/25/08, 11/17/08, 11/10/08, 11/4/08
EMG & NCS, 12/9/08

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who has undergone several MRI scans of the cervical and thoracic spine. Records indicate all the studies are normal. It is noted that there is a small disc bulge at the C6-7 level. He complains of back and neck pain. The neurological examination is normal. He had an EMG/nerve conduction study that is also reported as normal, with no evidence of radiculopathy, myopathy and neuropathy. A cervical myelogram has been requested, along with a post CT scan.

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

The MRI scan studies have unremarkable findings. The claimant has normal neurological findings. There are no radicular complaints, only axial complaints. Based on a review of the medical records provided, the Official Disability and Treatment Guidelines for the use of myelography and post CT scan in this individual have not been satisfied. The provider has not explained why the reviewer should diverge from the ODG in this particular case. The previous adverse determination(s) cannot be overturned. The reviewer finds that medical necessity does not exist for Cervical myelogram Post CT Scan, Levels C3-T1, 62284, 72126.

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)