



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 06/15/09

**IRO CASE NO.:**

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

Item in dispute: Lumbar myelogram with CT scan

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

Texas Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. D.O., 02/16/03
2. Medical Center, 04/12/04 thru 04/23/04
3. M.D., 04/23/04
4. Pain & Recovery Clinic 04/30/04 thru 04/03/09
5. Imaging Center, 05/27/04, 01/14/05, 05/08/06, 04/25/08
6. EMG, 05/27/04
7. Pain Institute 06/24/04 thru 07/15/04
8. M.D., 07/27/04
9. Functional Capacity Evaluation, 08/04/04
10. 08/12/04, 02/08/07, 06/12/07, 06/13/07
11. M.D., 01/17/05, 04/07/05, 06/01/06
12. M.D., 02/16/05
13. M.D., 09/09/05
14. M.D., 10/02/05
15. Chronic pain management, 10/11/05 thru 11/01/05
16. D.O., 08/01/06
17. M.D., 11/06/06, 12/18/06, 05/07/07, 11/29/07, 03/24/08
18. M.D., 01/22/07, 02/26/07, 04/09/07

19. M.D., 06/16/07
20. Hospital, 06/21/07
21. Therapy & Diagnostics, 11/29/07, 12/06/07, 03/24/08
22. M.D., 01/15/08
23. General Hospital, 02/19/08
24. M.D., 10/08/08 thru 04/01/09
25. **Official Disability Guidelines**

### **PATIENT CLINICAL HISTORY (SUMMARY):**

This employee was injured while working on xx/xx/xx. He was picking up a heavy glass table when he felt a shock to his butt.

Initial examination reported negative straight leg raising and symmetrical reflexes, strength, and sensation of the bilateral lower extremities.

The employee was found at Maximum Medical Improvement (MMI) by Dr. on 04/23/04.

An MRI was then performed on 05/27/04, which reported extensive degenerative changes and marked canal stenosis throughout the lumbar spine from L3 to S1. There was paracentral disc protrusion on the right side at L4-L5 and L5-S1.

A Designated Doctor Evaluation was performed by Dr. on 07/27/07 and found him not at MMI. The examination found diminished patellar and Achilles' reflexes on the right side, with decreased sensation at S1 on the right, with symmetrical strength bilaterally.

The employee was treated with epidural steroid injections (ESIs) without improvement. He had extensive chiropractic care over several years.

Dr. examined this employee on 11/01/04 and recommended consideration of surgery.

A lumbar myelogram was performed on 01/14/05 and reported congenital canal stenosis from L3 to S1, with attenuation of the thecal sac at L4-L5 and L5-S1.

He had a laminectomy at L5-S1 on the right on 02/16/05.

The employee continued to have low back and right leg pain, and Dr. observed on 12/18/06 that he should have additional ESIs. Those treatments were performed by Dr.

The employee did not improve and Dr. performed surgery on 06/13/07. The procedure included an anterior discectomy at L4-L5 and L5-S1, with insertion of a Staylift Prosthesis at both levels and an anterior arthrodesis.

Dr. observed on 12/01/07 that there was very little pain in the back and the left leg, and x-rays showed satisfactory pedicle fixation.

On 04/25/08, an x-ray at Imaging Center reported satisfactory fixation, with narrowing at the L5-S1 interspace. A lumbar myelogram/CT was performed on 04/25/08 and reported three level pedicular fixation, with multiple extradural indentations due to spinal canal stenosis associated with postoperative scar tissue.

Dr. examined the claimant on 04/01/09 and recommended a myelogram/CT scan. On that date, straight leg raising was questionably positive bilaterally. There was moderate tenderness to palpation. There was decreased sensation at L4-L5 and L5-S1 dermatomes bilaterally. Strength was symmetrical bilaterally. He had difficulty with toe walking and heel walking.

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

Rationale: Myelography/CT scanning may be used prior to consideration of surgery in employee's where the diagnosis is unclear on MRI. This claimant has had multilevel degenerative changes that were evident on his preoperative and presurgical diagnostic studies. These are congenital, related to the aging process, and not related to the work injury. His last examination found him with questionably positive straight leg raising. His subjective complaints are not supported by objective findings. Diagnostic studies report a stable arthrodesis, with predictable cicatrix formation. An additional surgery would be problematic. He has very limited indication for additional surgery. Therefore, the requested myelogram/CT scan is not certified as there are minimal indications for surgery.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

1. *Official Disability Guidelines*