



**CLAIMS EVAL**

Utilization Review and  
Peer Review Services

**DATE OF REVIEW: 6-15-09**

**IRO CASE #:**

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

Lumbar myelogram and post CT scan

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

American Board of 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)

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.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- 3-6-09 MRI of the lumbar spine.
- 3-18-09 MD., office visit.
- 4-2-09 the claimant underwent a lumbar epidural steroid injection.
- 4-17-09 the claimant underwent a lumbar epidural steroid injection.
- 5-12-09, MD., performed a Utilization Review.
- 5-13-09 MD., office visit.
- 5-18-09 MD., office visit.
- 5-22-09 EMG/NCS of the left lower extremity.
- 5-22-09 DO., performed a Utilization Review.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

An MRI of the lumbar spine dated 3-6-09 shows degenerative changes most prominent at L5-S1 where there is moderate right and mild left neural foraminal narrowing. No evidence of significant central canal stenosis seen. Incidentally noted T2 hyperintense lesions involving the visualized left kidney and right hepatic lobe. Though these may represent cysts, dedicated abdominal imaging such as ultrasound would be of benefit for further characterization.

On xx-xx-xx, the claimant was evaluated by MD.; the claimant is a pleasant, , right-handed female who is here today in consultation at the request of Dr.. She presents with pain in her low back which is left-sided in nature moving into her left buttocks. She describes this pain as occasionally radiating down her posterior thigh, stopping at the knee and described as an electric, stinging, sharp pain. These symptoms began approximately one year ago when she had an episode of low back pain which resolved on its own and six weeks ago had a flare-up of this pain while traveling. She denies numbness or paresthesias, weakness or loss of bowel or bladder control. Diagnostic studies and treatments thus far consist of an MRI of the lumbar spine dated 3/06/2009. Her symptoms are increased by sitting, bending, driving or lifting and can be decreased by standing and changing positions. Her pain level today is rated as an 8/10 on a visual analog pain scale and she currently rates her symptoms as 90% axial and 10%

appendicular in nature. She is currently utilizing Flexeril and Hydrocodone once when she gets home from work in the evenings and then again at bedtime and etodolac in the evening. On exam, she has some decreased mobility with extension but also with forward flexion. Deep tendon reflexes were 2 plus in the upper and lower extremities. Hoffman's negative. No clonus. Toes down going. Motor exam is 5/5 bilaterally. Gait was within normal limits, Toe walk and heel walk was within normal limits. She had a positive straight leg raise on the left, negative on the right. Faber's maneuver was negative. Light touch and pinprick sensation in the upper and lower extremities were within normal limits. The evaluator noted that at this time with the amount of discomfort the claimant has been experiencing and her nonresponse to oral anti-inflammatories we are going to proceed with left L5 transforaminal epidural. For pain management she can continue with the 5 mg tablets of Hydrocodone per day until she has completed her current prescription but the evaluator have given her a prescription of Hydrocodone 7.5 that she can use one to two tablets at bedtime in conjunction with Lyrica 75 mg.

On 4-2-09, the claimant underwent a lumbar epidural steroid injection.

On 4-17-09, the claimant underwent a lumbar epidural steroid injection.

On 5-12-09, MD., performed a Utilization Review. Recommend adverse determination. There is little to no additional information a myelogram would give not already provided by the MRI already completed. The evaluator spoke with the peer-to-peer designee. She advised that the request for the CT myelogram is for pre-surgical planning. However, there is no evidence that the patient is a surgical candidate. Recommendation is unchanged. The lumbar MRI has defined the lumbar anatomy adequately.

Follow up with Dr. dated 5-13-09 notes the claimant has not responded to conservative treatment. She has had two lumbar epidurals, still rating her pain 9/10 requiring six Hydrocodone per day as well as Lyrica. Therefore, the evaluator requested an evaluation to see one of the neurosurgeons, Dr. to see if there is possible surgical intervention since she has not done well with conservative treatment. Regarding work restrictions, her work did offer her working two hours per day responding to emails, checking the website and conversing with by phone. The evaluator felt this is reasonable at this time and have filled out a work restriction form today.

On 5-18-09, , MD., evaluated the claimant. The claimant presented with left sided low back pain radiating into her left buttocks as well as down into the left posterior thigh mid way down the thigh. On exam, the claimant normal range of motion of the lumbar range of motion. Gait was within normal limits. Toe walk and heel walk Was Within normal limits. Deep tendon reflexes were 2 plus in the upper and lower extremities. Hoffman's is negative. Toes are down going. The evaluator recommended a myelogram to see if perhaps there is lateral recess stenosis that could be contributing with the proximal S1 radiculitis in that junction. She is also scheduled to undergo an EMG later in May.

On 5-22-09, an EMG/NCS of the left lower extremity showed an acute left S1 radiculopathy.

On 5-22-09, DO., performed a Utilization Review. The evaluator noted that the request for lumbar myelogram and post myelogram CT is not recommended as medically necessary. There is no objective clinical evidence in the submitted documentation to suggest local neurological deficits in the patient. Physical examinations report not evidence of neurological deficits and the patient is neurovascularly intact with full motor strength. Submitted MRI reports evidence of moderate right and mild left neural foraminal narrowing but there is no evidence of Impingement in the L5-S1 level and the patient's subjective complaints are inconsistent with findings on the MRI report. As the claimant has no clinical evidence of focal neurological deficits, additional imaging studies are not warranted per ODG guidelines. As the studies are not warranted, medical necessity for the request cannot be established at this time.

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

The CT Myelogram will sometimes give you information that can be missed on the MRI. The MRI is very sensitive for evaluation of the discs and nerves. The CT Myelogram is more sensitive for picking up bony structures like bone spurs and bony foraminal stenosis that may be missed on the MRI. Also, the CT Myelogram gives you a "road map" tracing out the individual nerve rootlets into the canal where they can be impinged by scar tissue, far lateral discs, etc.

Both have their role in diagnosing spine pathology. Granted most pathology can be picked up on MRI alone but on more difficult cases small subtleties can be missed on MRI alone. Based on the medical records provided, certification is provided for the request of Lumbar myelogram and post CT scan is certified.

**ODG-TWC, last update 5-28-09 Occupational Disorders of the Low Back – Lumbar myelogram and post CT scan:** Not recommended except for indications below for CT. CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. (Slebus, 1988) (Bigos, 1999) (ACR, 2000) (Airaksinen, 2006) (Chou, 2007) Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. (Seidenwurm, 2000) The new ACP/APS guideline as compared to the old AHCPDR guideline is more forceful about the need to avoid specialized diagnostic imaging such as computed tomography (CT) without a clear rationale for doing so. (Shekelle, 2008) A new meta-analysis of randomized trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of

serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients. (Chou-Lancet, 2009)

Indications for imaging -- Computed tomography:

- Thoracic spine trauma: equivocal or positive plain films, no neurological deficit
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, infectious disease patient
- Evaluate pars defect not identified on plain x-rays
- Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989)

**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
- 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)**