



**INDEPENDENT REVIEW INCORPORATED**

Notice of Independent Review Decision  
**Corrected Report**  
 Corrected IRO Case # from "1849" to "18499"

**DATE OF REVIEW:** 03/12/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
 Cervical CT scan with myelogram.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**  
 M.D., Board Certified in Orthopedic Surgery

**REVIEW OUTCOME:**  
 Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
723.4	72240		Prosp.						Overturn
723.4	62284		Prosp.						Overturn
723.4	72127		Prosp.						Overturn

**INFORMATION PROVIDED FOR REVIEW:**

- TDI case assignment
- Letters of denial, 12/23/08 and 01/19/09 and criteria used in the denial
- Orthopedic office visits, 09/26/03 and 01/14/04
- Impairment rating, 02/24/05
- Hospital admission and surgical documentation, 09/27/03
- Hospital admission and surgical documentation, 02/16/04
- Independent Medical Examination, 03/16/04
- MRI scan, 03/12/05
- Pain management evaluation and office visits, 02/14/05, 01/10/08, and 11/11/08
- Orthopedic evaluation, 12/11/08
- Chiropractic evaluation, 07/23/07
- Neurophysiology evaluation, 11/14/03 and 03/24/04

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

She fell while putting up a poster, injuring her neck, left shoulder and suffered displaced C6 herniated disc. She was treated conservatively for a while including epidural steroid injections, but she only received temporary relief. EMG demonstrated mild carpal tunnel syndrome as well as C6 radiculopathy. She eventually went to emergent anterior C5/C6 anterior cervical discectomy and fusion due to progressive neurological deficit. Because of persistent symptoms and an MRI scan with interference from the previous hardware, CT myelogram has been ordered and denied as medically unnecessary.

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

As per ODG Guidelines status post lumbar instrumentation, evaluation of new or progressive neurological symptoms is best performed with a CT myelogram. This patient has demonstrated neurological compromise as well as persistent and worsening symptoms. CT myelogram would be helpful in ruling out progressive stenosis in the cervical spine.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines: OKU Spine.