



**CLAIMS EVAL**

*Utilization Review and  
Peer Review Services*

**DATE OF REVIEW: 5-7-09 (AMENDED 5-8-09)**

**IRO CASE #:**

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

Lumbar Isovue Myelogram with CT scan to follow

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

American Board of Orthopaedic Surgery-Board Certified

**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**

- 10-2-07 MRI of the lumbar spine.
- MD., office visits from 11-13-07 through 3-10-09 (12 visits).
- 12-11-07 lumbar myelogram and post CT scan.
- 1-21-08 Surgery performed by Dr.
- 2-6-08 CT scan of the lumbar spine.
- 2-29-08 x-rays of the lumbar spine.
- 5-15-08 MRI of the lumbar spine.
- 5-21-08 EMG/NCS of the lower extremities performed by Dr.
- MD., office visits from 5-28-08 through 9-30-08 (6 visits).
- 7-1-08 lumbar discogram and post CT scan.
- Medical records reflect the claimant was provided with a course of interdisciplinary program under the direction of Dr.
- 2-4-09, DO., office visit.
- 3-3-09 DO., performed a Designated Doctor Evaluation.
- 3-18-09 UR Adverse determination for requested lumbar myelogram and CT scan.
- 4-7-09 DO., office visit.
- 4-7-09 UR Adverse determination for requested lumbar myelogram and CT scan.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

On 10-2-07, an MRI of the lumbar spine shows at L3-L4 broad based bulge/protrusion without evidence of impingement. At L5-S1, broad based bulge and spur with a left paracentral small extrusion/herniation but without evidence of impingement. There is inferior foraminal compromise bilaterally with potential for L5 nerve root impingement.

11-13-07, MD., the claimant is seen for evaluation. The claimant has a history of a fall at his place of employment on xx-xx-xx. He felt immediate pain in his back. He complains that the pain radiates to the buttocks and down both legs to the heels of both feet. Sitting or standing cause numbness in his leg. He walks with a staggered

ambulation and with slow gait. He has been off work and has been given pain medications. His medications include Carisoprodol, Hydrocodone and Naproxen. On exam, the claimant has is wearing a lumbar brace. He has paraspinous lumbar muscle spasms, tenderness in the interspinous ligament at L5-S1, tenderness at L4-L5 and L3-L4. He has tenderness at the SI areas. There is no weakness noted, sensation is intact. SLR is positive with left leg pain at 10 degrees and on the right at 15 degrees. The claimant's MRI film was reviewed. The evaluator recommended a lumbar myelogram and post CT scan. The claimant has not had physical therapy and has not had EMG, but is not needed. The claimant is in obvious discomfort and not able to tolerate his pain.

On 12-11-07, a lumbar myelogram showed L3-L4 minimal disc bulge or broad based protrusion without evidence of lateralization. CT scan of het lumbar spine showed minimal degenerative disc changes. No evidence of central subarticular or foraminal compromise.

12-26-07 MD., the evaluator reviewed the claimant's films and studies. The claimant is barely able to get around due to the pain he is in. He has a bulging or protruding disc at L3-L4 level. There is also a bulging or protruding disc at L5-S1. The evaluator recommended laminectomy at L3-L4 and L5-S1 with medial facetectomy, osteophyctomy, foraminotomy and decompression of the nerve roots.

1-18-08 MD., the claimant is seen for preoperative visit.

On 1-21-08, Dr. performed a micro lumbar hemilaminectomy at L3-L4 and L5-S1 left with foraminotomy, osteophyctomy, discectomy, medial facetectomy and decompression of the nerve roots.

1-28-08 MD., the claimant had two areas where the tape had blistered him during his hospital stay. His incision looks well and sutures look well. The claimant complains of back pain only. His SLR is positive to 70 degrees but there is no reflex muscle contraction with hit. The evaluator recommended a CT scan of the lower back and start him on physical therapy.

A CT scan of the lumbar spine dated 2-6-08 showed findings consistent with recent left hemilaminectomy at L5-S1 and L3-L4. Annular based left paracentral soft tissue attenuation at L5-S1 and L3-L4, which extends along the left lateral aspect of the thecal sac at L5-S1. This may reflect postoperative change. However, the possibility of recurrent or residual disc material cannot be excluded on the basis of these findings.

2-7-08 MD., the claimant the claimant had a CT scan performed on 2-6-08. There is no fluid. The family stated there was some drainage from the incision, but there is no drainage today.

2-15-08 MD., the claimant the claimant's back looks good. He worries about inflammation, but there is no inflammation or infection. He still has pain radiating down

his left leg. He is walking better. The evaluator recommended an EMG of bilateral lower extremities.

On 2-29-08, x-rays of the lumbar spine showed partial left laminectomy changes at L3 and L5. Mild intervertebral disc space narrowing at L3-L4 and L5-S1.

3-7-08., the claimant had new x-rays studies, which were reviewed. He is six weeks post surgery. On exam, he has no weakness, sensation is intact. Ankle jerks are 1+, knee jerks are 2+. He claimant reported he was not better post surgery. He reports the pain is going down the left side. The evaluator noted the claimant should be getting better at this time. The evaluator recommended the claimant be seen by a medial neurological diagnostician. The evaluator also recommended the claimant begin cutting back on his narcotic medications. He lowered his use of Lorcet and continued on Flexeril.

MRI of the lumbar spine dated 5-15-08 showed post surgical changes at left L5-S1. Loss of perineural fat. There is a possible small left posterior recurrent disc herniation, but contrast enhanced sequences are recommended to differentiate. There is mild bilateral foraminal narrowing at this level. At L3-L4, there is a small broad based posterior disc bulge without significant anal stenosis.

An EMG/NCS of the lower extremities performed on 5-21-08 by Dr. showed lumbar radiculopathy involving the left L5 nerve root.

6-20-08 MD., the claimant is seen with anew MRI scan, which was reviewed. The evaluator recommended the claimant undergo a lumbar myelogram.

The claimant was also evaluated by Dr. on 6-25-08, who continued the claimant on medications.

A lumbar discogram and post CT scan dated 7-1-08 sowed disruption and severe concordant pain form all three discs L3-L4, L4-L5 and L5-S1.

8-1-08 MD., the claimant underwent a lumbar discogram and CT scan, which was reviewed. The claimant had pain at every level including the levels that were operated on and the levels that have not been operated on. The evaluator felt the claimant needed lumbar myelogram and post CT scan. However, the claimant does not want to have one done. The claimant is walking with a walker and complaining of pain in all of the back. The claimant reported he was not better following his surgery. The claimant has undergone micro lumbar hemilaminectomy at L3-L4 and L5-S1 with foraminotomy, osteophytectomy and discectomy on 1-21-08.

The claimant was evaluated on xx-xx-xx. He claimant reported progressive weakness and trouble walking. The evaluator felt the claimant had left L5 radiculopathy, L3-L4, L4-L5 and possibly L5-S1 disc. The claimant is continued on Soma, Naprosyn and will try Darvocet.

10-17-08, MD., the claimant does not want to have a myelogram. He does not want any more surgery. The next step is to try to get him through rehab.

Medical records reflect the claimant was provided with a course of interdisciplinary program under the direction of Dr.

On 12-17-08, the claimant was evaluated by, DO. The claimant noted improvement from last visit. He continues to use a cane. He is transitioning off the cane at this time. He continues with gaited walk, but non-antalgic gait. He heel and toes walks. On exam, the claimant is non-tender. He is able to extend and flex with better range of motion. The evaluator recommended the claimant continue with interdisciplinary program.

Medical records reflect the claimant underwent a course of physical therapy.

1-23-09, MD., the evaluator provided supplemental review. The claimant is walking better than he did, but still has pain in the back. The last time the claimant was seen a myelogram was ordered. However, the claimant does not want a myelogram. The evaluator was going to consult with the workers compensation case manager, but the claimant no longer attends appointments with him. The evaluator was confused as to what to do for the claimant.

Medical records reflect the claimant sought medical attention under the direction of DO., on 2-4-09 with complaints of low back pain without radiation. The claimant was provided with medications.

3-3-09 DO., performed a Designated Doctor Evaluation. He certified the claimant had not reached MMI and estimated 4-3-09 as the date of MMI. The evaluator reported that extensive records were received after his examination and the evaluator would need to review the extensive amount of records provided and render an opinion thereafter. The evaluator also noted the claimant had marked symptom magnification and subjective complaints out of proportion with the physical findings.

3-10-09 MD., the claimant is wanting to proceed with the recommended myelography studies to see what is wrong. Risk and benefits were reviewed with eth claimant

3-18-09 UR Adverse determination for requested lumbar myelogram and CT scan. The evaluator noted that there are no recorded changes in his neurological exam over the past year. Therefore, the request was denied.

4-7-09 DO., the claimant was seen as a referral. There was significant language barrier. The claimant is complaining of ongoing left leg and radicular symptoms radiating to the scrotum. On exam, DTR are equal at the knees and absent in the left ankle. SLR causes back, leg and groin pain. Flexion of the hip also causes groin pain o the left side. Sensation is intact. The claimant has an antalgic gait and uses a cane for

assistance. Assessment: Postoperative laminectomy syndrome and low back and radicular pain. The evaluator recommended obtaining information that he was missing and wait for the myelogram ordered by Dr.

4-7-09 UR Adverse determination for requested lumbar myelogram and CT scan. The evaluator noted that ODG state the myelogram is OK if MRI is not available. Repeat MRI's are indicated only if there has been progression of neurologic deficits. The documentation does not demonstrate progression of neurologic deficit. Documentation does not provide a rationale to support exceeding the recommendations of the guidelines.

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

CLAIMANT DOES NOT HAVE THE INDICATIONS FOR A LUMBAR MYELOGRAM/CAT SCAN. THERE ARE NO DOCUMENTED PROGRESSIVE NEUROLOGICAL FINDINGS. CLAIMANT DOES NOT DESIRE A MYELOGRAM AND SHOULD NOT BE FORCED TO DO THE INVASIVE PROCEDURE.

I WOULD AGREE WITH THE PREVIOUS UR RULING OF NON-APPROVAL OF THE LUMBAR MYELOGRAM.

**ODG-TWC, last update 4-24-09 Occupational Disorders of the Low Back – Lumbar Myelogram:** Recommended as an option. Myelography OK if MRI unavailable. (Bigos, 1999)

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 AHCPR 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)**