

Notice of Independent Review Decision

DATE OF REVIEW:

11/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

CT scan of the lumbar spine with contrast.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Overtured**

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.

CT scan of the lumbar spine with contrast is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION Referral form
- 10/28/09 fax cover sheet with note from claimant
- 10/22/09 MCMC Referral
- 10/22/09 Notice To Utilization Review Agent of Assignment
- 10/22/09 Notice to MCMC, LLC Of Case Assignment
- 10/21/09 Request For A Review By An Independent Review Organization, DWC
- 10/21/09 Confirmation of Receipt of a Request For a Review, DWC
- 10/21/09 letter from claimant
- 10/02/09 Peer Review, D.O.
- 10/02/09 report from Utilization Review Unit
- 09/29/09 Pre-Authorization Request Appeal, Pain Associates
- 09/09/09 Peer Review, M.D.
- 09/08/09 report from Utilization Review Agent
- 09/02/09 Pre-Authorization Request, Pain Associates
- 08/20/09 Imaging Orders, Pain Associates
- 08/20/09 Plan of Treatment, PA-C
- 08/20/09, 09/17/09 Established Patient Office Visits, PA-C, Pain Associates
- 11/12/07 to 08/07/09 office notes
- 07/30/09 MRI lumbar spine, Radiological Association
- 06/24/09 lumbar spine x-ray

- 06/04/09 report from M.D.
- 05/13/09 x-ray lumbar spine
- 04/11/09 x-ray lumbar spine
- 03/25/09 x-ray lumbar spine
- 03/04/09 x-ray lumbar spine
- 02/14/09 lab report, Pathology Laboratories
- 02/12/09 Operative Report, M.D.
- 02/04/09 CT lumbar spine with Addendum dated 10/23/09, Radiological Association
- 12/08/08 x-ray lumbar spine
- 11/18/08 Operative Report, M.D., Hospital
- 03/07/08 myelography – lumbosacral, CT lumbar spine with myelogram
- 01/07/08 x-ray lumbar spine
- 11/12/07 x-ray lumbar spine
- 01/27/05 MRI lumbar spine, Radiological Association
- Undated memos from Utilization Review Unit
- Emergency Department Orders (unable to read date – poor quality)
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male with date of injury xxxx. The injured individual had five back surgeries. He had complained of bowel and bladder changes before July and an MRI was done that showed significant artifact from his indwelling metal. He has a history of questionable fusion solidarity. He had left leg complaints and straight leg raise (SLR) in the past and now has right leg complaints and SLR. His attending provider (AP) is suggesting a CT/myelogram.

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

The injured individual had an MRI in 07/2009 due to increased symptoms but due to the metal from the fusion the quality of the study was poor. The injured individual had left leg findings and symptoms before and now has right. He has complained of bowel and bladder dysfunction not just one or the other so referral to genito-urological (GU) or gastrointestinal (GI) alone is insufficient. He has new onset of different sided pain and findings with bowel/bladder loss and since the MRI was a poor study, the CT is needed.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guideline:

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)