



## Notice of Independent Review Decision

### **DATE OF REVIEW:**

11/10/2009

### **IRO CASE #:**

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

Lumbar myelogram with post CT.

### **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: **Upheld**

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.

**Lumbar myelogram with post CT is not medically necessary.**

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

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 10/29/09 letter from Network & Medical Operations, with attached response regarding disputed services
- 10/27/09 MCMC Referral
- 10/27/09 Confirmation of Receipt of a Request For a Review, DWC
- 10/27/09 Notice To MCMC, LLC Of Case Assignment
- 10/26/09 Request For A Review By An Independent Review Organization
- 10/14/09 report from Review Nurse
- 09/17/09 Follow-Up Consultation Note, PA-C, Invasive Pain Management
- 09/10/09 report from Review Nurse
- 08/20/09 letter from M.D., Orthopedic Group
- 08/10/09 MRI lumbar spine, FlexRad
- 07/29/09 office note with attached electrodiagnostic study, M.D., Medical Evaluation
- 07/20/09, 08/17/09 Follow-Up Consultation Notes, PA-C, Invasive Pain Management
- 06/30/09 Follow-Up Consultation Note, D.O., Invasive Pain Management
- 05/09/08 Followup Examination, M.D.
- 01/17/08 Progress Note, M.D., Medical Clinic
- 12/03/07 Operative Report, M.D., Surgery Specialty Hospitals

- 04/13/06 lumbar spine radiographs/MRI lumbar spine, Imaging
- ODG Integrated Treatment/Disability Duration Guidelines for Low Back – Lumbar & Thoracic (Acute & Chronic)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a male with date of injury xx/xxxx. The injured individual had a left L4-S1 laminectomy in 12/2007. In 01/2008 he had back and left leg pain but no neurological exam was documented. In 05/2008 he had reduced left extensor hallucis longus (EHL) and sensation in the left calf. He has had absent left Achilles reflex and sensory loss in the left L5/S1 dermatomes as documented by other physicians. He had an MRI in 08/2009 that noted postoperative scar. He had an electromyogram (EMG) in 07/2009 that noted chronic left L5/S1 radiculopathy. He was seen by a surgeon, Dr. in 08/2009 who noted left calf atrophy, reduced left EHL and S1 sensation. He stated his reading of the MRI showed recurrent herniation of nucleus pulposus (HNP) and he wants a CT/myelogram.

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

The symptoms and findings documented have been present for over eighteen months. Dr , the surgeon who is suggesting the CT, states that he does not believe the neuro-radiologist's reading of the recent MRI; he feels it showed HNP while the neuroradiologist read the MRI as showing postoperative scar tissue. The neuro-radiologist did not suggest a CT for clarification. Also the EMG showed chronic left L5/S1 pathology indicating there is nothing new in this situation.

**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



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- 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)