

SENT VIA EMAIL OR FAX ON  
Oct/05/2009

## True Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/29/2009

**IRO CASE #:**

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

Lumbar and Cervical Myelogram with CT

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

Board Certified Neurologist with 30 years experience in clinical practice

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Dr. 1/25/01 thru 8/20/09

OP Report 2/4/05, 12/29/04

Radiology Reports 2/4/05, 9/6/02, 6/24/09, 6/18/09

Discharge Summary 1/3/03

**PATIENT CLINICAL HISTORY SUMMARY**

On xx/xx/xx, Mr. injured his neck and lower back in a truck accident when he was rear-ended. When doing a heavy lift, the neck pain worsened and radiated to the arms. No treating notes are available until August 10, 2009 other than imaging studies. He had previous lumbar disk surgery at L5-S1 with fusion and hardware removal in 2002-03. MRI on 6/24/09 shows a small disk herniation at L4-5 and post-surgical changes at L5-S1. This was similar to a CT lumbar spine dated 2/4/05. MRI cervical spine shows a disk herniation at C5-6 as well as prominent osteophytes. Examination shows decreased range of motion of the lumbar spine, positive straight leg raise, lumbar para-spinal muscle spasm, wide based gait, clonus and babinski signs.

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

This patient has cervical and lumbar pain, a disk herniation at C5-6; lumbar spine imaging that is unchanged from previous studies and no correlation of cervical radiculopathy on physical examination. There is a suggestion of early myelopathy. At this point a detailed neurological examination and possibly an EMG might better define the cervical pathology. Little information is supplied about the patient's activities during the time post injury. Is he tossing and turning at night as a mechanism of continuing pain? Is he misusing narcotic medication by performing strenuous activity after narcotic use? Surgery should not be performed unless the pain correlates with a surgical lesion and neurological deficit. Myelography will not make the case for surgery. The ODG does not recommend myelography in this clinical setting.

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)