Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 9/22/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of a cervical CT Myelogram (CPT – A4550, 77003, 99217, Q9967, 72240, 72125, & 76377).

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is a board certified Neurologist. This reviewer has been practicing for greater than 10 years in this field and performs this type of procedure in daily 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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a cervical CT Myelogram (CPT – A4550, 77003, 99217, Q9967, 72240, 72125, & 76377).

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:
Clinic
Management Organization

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Clinic: DC Re-Examination notes – 7/31/09, Appeal for Myelogram/CT Request Letter – 7/28/09; MD Follow-up Notes – 10/27/08; TDI Benefit Review/Contested Case report – 5/21/07; DWC69 – 7/30/08; Report of Medical Evaluation – 7/30/08; Supplemental Information w/ Medical History, Physical Examination, and Impairment Rating Calculation and

Detail – 7/30/08; ARCON AIRS – Impairment Rating Report – 7/30/08; Medical Imaging MRI report – 1/18/08.
Records reviewed from Management Organization: Adverse Determination Letter – 7/22/09 & 8/19/09; DNI Pre-authorization Request – 7/17/09; DC Re-Examination note – 2/27/09; Clinic Appeal Request – 8/4/09; MEDConfirm Updated Retrospective Peer Review Report – 5/16/09; Occupational Health Systems History and Physical Exam – 4/15/08; DWC73 – 4/15/08.

A copy of the ODG was not provided for this review by the Carrier or URA.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a female who was injured on the job on xx/xx/xx when a metal window frame fell and hit her on the back of the head. She has not worked since xx/xx/xx. The patient complained of headaches and dizziness after the injury. She has participated in 14 visits of physical therapy with Dr. and had an MRI C-spine performed on 1/18/08 that showed a 2mm left broad based disc protrusions at C5-6 with moderate spinal canal stenosis, a 2mm broad based disc protrusion at C4-5 and a 2-3 mm central and right paracentral disc protrusion at C6-7. Also a Chiari I malformation and cervical syrinx were seen from C1 to T2-3 that was deemed congenital.

On 5/30/08, TWCC contested case hearing was held and the compensable injury was deemed to include a cervical facet sprain/strain but did not include grade I concussion it also included a head contusion injury. The patient had a DD exam by Dr. on 7/30/08 and was deemed to be at MMI as of 7/30/08 and was assigned a 6% IR. She had a Cervical ESI#1 by Dr. on 11/19/08 and had an allergic reaction to the meds used. The injured employee had an EMG by Dr. on 12/23/08 that was a normal study. An FCE on 2/19/09 placed her at a light duty PDL.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
A cervical myelogram and post myelogram CT scan is not authorized. This examination is recommended by the ODG only for pre-operative planning. It is not recommended for diagnostic evaluation. The clinical and diagnostic evaluation of the patient has revealed no surgically treatable condition that is related to the compensable injury.

Notes from Dr. indicate that Dr. believes that the patient has a cervical myelopathy that is related to her cervical syrinx and Chiari I malformation (office note 7/31/09). A cervical myelopathy if related to the compensable injury would be a surgically treated condition. If indeed the patient had a cervical myelopathy, it is not related to the compensable injury. The contested case hearing of 5/31/08 states that the chiari I and syrinx were congenital. There is no mention that this condition was worsened by the injury of xx/xx/xx. The contested case

hearing documents that the disc bulges were deemed to be worsened by the compensable injury. The available MRI C-spine does not document cord compression, significant spinal stenosis or evidence of cervical myelopathy from the disc protrusions. Any clinical evidence of myelopathy is therefore not related to the disc protrusions or disc bulges. Therefore no pre-op planning is needed. Therefore, the Cervical Myelogram is not necessary.

Further evaluation and surgical treatment is also not indicated because the patient is at MMI. She was placed at MMI on 7/30/2008 by a Designated doctor, Dr. on that same date. The patient was assigned an impairment rating of 6%.

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)**