



Notice of Independent Review Decision

DATE OF REVIEW: 10/19/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Myelogram with CT and Fluoroscopic Guide

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

American Board Certified in Psychiatry and Neurology

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.

LUMBAR MYELOGRAM WITH CT AND FLUROSCOPIC GUIDE - UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Evaluation, M.D., 04/07/09, 06/10/09, 08/12/09
- Nerve Conduction Studies/EMG, Dr., 04/29/09

- MRI Cervical Spine, M.D., 05/06/09
- MRI Lumbar Spine, Dr., 05/06/09
- Follow Up, M.D., 05/13/09, 06/17/09, 07/15/09, 08/19/09
- Lumbar Epidural Steroid Injection (ESI) at L5-S1, M.D., 07/07/09
- Medical Conference Note, Dr., 07/22/09, 09/03/09
- Denial Letter, , 09/03/09, 09/16/09
- Chart Note, Dr., 09/17/09
- Pre-Authorization Request, Dr., Undated
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient received treatment for his back and neck issues. He had undergone a nerve conduction study and EMG. MRI's of the lumbar and cervical spine were also performed. A Lumbar ESI at the L5-S1 level was then performed. He most recently had been treated with Cymbalta, Prevacid, Valium, Darvocet and Tylenol with Codeine.

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

In my opinion, the lumbar myelogram with CT and fluoroscopic guide is not medically reasonable or necessary.

Using the ODG treatment guidelines for the lower back under myelography it states, "Recommended as an option." "Myelography OK if MRI unavailable." Under the article by Bigos (1999) myelography fell under Category D as far as available evidence indicating there was indirect helpful information that did not meet the inclusion trial criteria on evidence tables. Since the patient has already had a lumbar MRI scan on 06/06/09 showing 1 mm to 2 mm bulges at L4-L5 and L5-S1 and an EMG showing evidence of radiculopathy, a myelogram CT scan is not medically indicated based on clinical information, as well as on the ODG treatment guidelines as stated above.

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)**