

SENT VIA EMAIL OR FAX ON
Sep/21/2009

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/21/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Repeat Lumbar Myeogram with CT with Fluoro

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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
Denial Letters 8/5/09 and 8/13/09
CT Lumbar spine report 6/10/08 and 3/10/09
Dr. 7/29/2009 08/04/2009, 9/29/09
Lumbar Myeogram and CT report 6/4/07
MRI of the lumbar spine report 02/16/2001
Operative reports 2/19/2003, 09/10/2007
Dr. clinic note 03/03/2009

PATIENT CLINICAL HISTORY SUMMARY

This is a male with a date of injury xx/xx/xxxx. He is status post L4-L5 and L5-S1 decompression and fusion in 2003 and L3-L4 fusion and posterior instrumentation 09/10/007. He has significant low back pain with intermittent bilateral lower extremity pain. His neurological examination reveals some hypesthesia to pin prick over the lateral aspect of his feet bilaterally. He is a known diabetic. He also has positive facet signs and tenderness around the hardware. Facet blocks have been recently recommended, and a hardware block

was mentioned. A CT of the lumbar spine 03/10/2009 reveals stable appearance compared to a prior lumbar CT 06/10/2008. There are postoperative changes from L3-S1 and mild disc bulges at L1-L2 and L2-L3. His last CT myelogram was 06/2007.

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

The myelogram with CT is not medically necessary. Firstly, the claimant has undergone a recent CT scan, which is adequate to assess the fusion. There is no evidence that the claimant has any progressive neurological deficits to warrant any further neuroimaging. According to the Occupational and Disability Guidelines, a CT myelogram is indicated if an MRI is contraindicated, inconclusive, or unavailable. It can also be used for surgical planning. There is no reason that, even if indicated, the claimant couldn't undergo an MRI as recommended by the ODG, and there is no evidence that any surgery is being planned. Therefore, the requested test is not medically necessary.

References/Guidelines

2009 *Official Disability Guidelines*, 13th edition
"Low Back" chapter

Myelogram/CT

Not recommended except for surgical planning. Myelography or CT-myelography may be useful for preoperative planning. (Bigos, 1999) (Colorado, 2001).
Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. (Slebus, 1988) (Bigos, 1999) (ACR, 2000) (Airaksinen, 2006) (Chou, 2007)

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)