

SENT VIA EMAIL OR FAX ON
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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/19/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Myelogram/CT

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

Board Certified Orthopedic Surgeon

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

Office Note, Dr. : 01/25/08, 02/22/08, 04/03/08, 05/06/08 and 06/30/08

MRI Report: 04/30/08

Radiology Report: 07/09/08 and 08/04/09

Office Note, Dr : 07/10/08

Office Note, Dr : 07/10/08, 09/24/08, 11/19/08, 02/11/09 and 04/10/09

Procedure Report: 09/10/08

Office Note, Dr.: 08/04/09

DDE, Dr: 08/06/09

Review: 08/10/09 and 08/19/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a reported injury on xx/xx/xx when he slipped and fell while carrying diesel axials. The claimant treated for low back and bilateral lower extremity complaints. He initially treated for right hip, thigh and leg pain with associated groin injury. The claimant has a history of obesity, hypertension, diabetes, angioplasty and use of chewing tobacco. Initial treatment was provided for the right hip, thigh and knee with use of a cane, physical therapy, Naprosyn, Skelaxin and activity modification. Reference was made to electrodiagnostic studies on 04/02/08 that were reportedly normal. No report was provided.

Radiographs of the right hip and knee were done without the results noted. MRI evaluation of the right knee was reviewed on 04/03/08 with findings of minimal swelling and no internal derangement. The claimant then underwent evaluation of the lumbar spine. A lumbar MRI performed on 04/30/08 noted multilevel severe disc disease; severe spondylotic and degenerative changes; severe right lateral recess narrowing at L5-S1; moderate central canal and left lateral recess narrowing at L5-S1; mild canal narrowing at L1-2, L2-3, L3-4 and L4-5; indentation of the thecal sac at L5-S1; mild degenerative facet disease at multiple levels which were moderate bilateral L4-5 and L5-S1 levels; and ligamentum flavum hypertrophy at all levels. The claimant treated with activity modification and medications. Reference was made to management with lumbar epidural steroid injection and right knee injection without significant improvement. Physical examination on 06/30/08 demonstrated lumbar spasm; right dorsal thigh numbness; diffuse -5/5 strength; and intact sensation. Lumbar radiographs on 07/09/08 noted old compression fracture at L1; multilevel spondylosis; prominent endplate spur with chronic disc herniation at L2-3; and mild retrolisthesis of L2 on L3 and L3 on L4 with possible segmental instability. Physical examination on 07/10/08 noted antalgic gait with use of a cane; significantly limited flexion and extension; decreased sensation along the right L2-3, L3-4, L4-5 and L5-S1 dermatomes; decreased right iliopsoas and hip flexion strength; decreased right knee reflex; and positive right straight leg raise. Dynamic radiographs on 07/10/08 noted mild retrolisthesis that corrected on flexion and mildly worsened on extension at L2-3 and L3-4. On 07/10/08 the claimant was noted to be taking Morphine, Skelaxin and Naproxen. Examination noted some left anterior tibialis weakness; right lower extremity weakness; and intact sensation. A right S1 transforaminal epidural steroid injection was provided on 09/10/08 with no significant relief reported. On 09/24/08 the claimant required use of a walker for ambulation; had difficulty standing upright; had decreased sensation in bilateral S1 distribution; and had bilateral lower extremity weakness. The claimant also reported urinary difficulty. The claimant was not considered a candidate for surgery due to his weight of 340 pounds and aggressive weight loss was recommended. The claimant continued use of medications including narcotic analgesia. On 11/19/08 he also reported some fecal incontinence. Bariatric surgery was recommended. The claimant was diagnosed with L3-4, L4-5 and L5-S1 disc herniation; bilateral L4 radiculopathy and motor weakness; and lumbar segmental instability. Anterior posterior lumbar fusion was discussed; however, the candidate was not considered a candidate due to body habitus. The claimant treated with a dietitian and an aggressive aquatic therapy program.

On 02/11/09 and 04/10/09 the claimant continued to have severe progressive complaints of pain, weakness, decreased sensation and difficulty ambulating. The claimant underwent consultation at the Back Institute on 08/04/09 with findings of weight of 332 pounds; spasm; great difficulty ambulating and with transitions; antalgic gait; decreased sensation and weakness in the right lower extremity; decreased right reflexes; and one beat of clonus bilaterally. Dynamic radiographs on 08/04/09 noted grade I retrolisthesis L2 on L3 that did not appear to be unstable. CT/ myelogram evaluation was recommended. A designated doctor evaluation completed on 08/06/09 indicated normal gait and posture; decreased right ankle reflex; right ankle plantarflexion weakness; and inability to heel or toe walk. The evaluating physician indicated the claimant had S1 radiculopathy with urinary incontinence, occasional fecal incontinence, possible sexual dysfunction and required use of a cane due to right leg weakness. The evaluator felt the claimant's condition was stabilized and it was unlikely to change within the next year. The claimant was considered at maximum medical improvement as of 07/03/09 with a 42 percent impairment rating. The lumbar CT/ myelogram continued to be requested.

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

It would appear that the 2008 MRI very clearly documented multilevel issues in the lumbar region. It does not appear that new neurologic problems have developed in approximately the past year. The current findings are not those of myelopathy. Multiple office notes suggest that the claimant is not a candidate for stabilization surgery due to body habitus. Given this series of facts, it would not appear that the CT myelogram is really a preoperative planning study. It does not appear that there has been any interval trauma. It does not appear that there have been any new or recent neurologic developments. As such, the CT

myelographic request would not appear to satisfy the ODG guidelines.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates; Low Back- CT & CT Myelography (computed tomography)

CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive

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

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.

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
- 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](#))

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)