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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/04/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Myelogram and Post CT Scan, 72265, 72131, 62284

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management
Board Certified in Electrodiagnostic Medicine

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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 6/23/09, 7/14/09
Request for IRO Assignment Letter, PA-C for, MD, 8/3/09
MD, 7/7/09
Pain Management, 7/8/09
Progress Note, PA, 6/17/09, 7/14/09
Pain Management, History and Physical, 5/13/09, 2/17/09,
4/14/09, 1/20/09, 2/6/09, 4/1/09, 3/17/09
Note, 3/9/09
Dr. MD, 5/7/09

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old man injured on xx/xx/xx while lifting a bucket of metal. He had a prior lumbar fusion in 1989. (Several notes state the surgery was in 1990.) He underwent L5/S1 decompression with a fusion from L4/S1 in July 2005. He was in a chronic pain management program. He has had multiple ESIs. He has had a trial of a spinal cord stimulator. He continues with back pain and postlaminectomy syndrome. Records indicate he is seeking to be evaluated for a spinal cord stimulator or intrathecal pump by a neurosurgeon. According to a note by Kristi Thulin, the neurosurgeon will not see the patient for an evaluation without a radiological study that has been performed within the last six months. This request is for a

Lumbar Myelogram and Post CT Scan, 72265, 72131, 62284.

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

The ODG recommends this procedure when “required for surgical planning or other specific problem solving.” The patient is currently seeking an evaluation from a neurosurgeon for a spinal cord stimulator or an intrathecal pump. A letter from Dr., MD, states that “a trial of a spinal cord stimulator...did not help,” and that, “a request was put in for an implantable pain pump, which has been denied to this point.” Dr. has pointed out the need for this study rather than for an MRI. Although the prior studies show the stable fusion, the need is to know where to place the device, and the metal artifact from the fusion hardware prevents this. According to a note by, the neurosurgeon will not see the patient for an evaluation without a radiological study that has been performed within the last six months. While Dr. has given a clear rationale for why this study is necessary if the patient does indeed require surgery, the records indicate that there is no surgery currently planned or approved for this patient. The reviewer finds that based on the medical records and evidence-based guidelines, Lumbar Myelogram and Post CT Scan, 72265, 72131, 62284, is not medically necessary at this time.

CT & CT Myelography (computed tomography)

Not recommended except for indications below for CT. CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. (Slebus, 1988) (Bigos, 1999) (ACR, 2000) (Airaksinen, 2006) (Chou, 2007) 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. (Seidenwurm, 2000) The new ACP/APS guideline as compared to the old AHCPR guideline is more forceful about the need to avoid specialized diagnostic imaging such as computed tomography (CT) without a clear rationale for doing so. (Shekelle, 2008) A 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. (Chou-Lancet, 2009)

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-ray
- 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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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