



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 3/29/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The services under dispute include the medical necessity of a lumbar myelogram/CT.

**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 board certified in Orthopedic Surgery. This reviewer has been practicing for greater than 10 years in this field.

**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 disagrees with the previous adverse determination regarding the medical necessity of a lumbar myelogram/CT.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
MD and Xchanging.

These records consist of the following (duplicate records are only listed from one source): Dr.: 8/24/09 to 2/25/10 notes by Dr., 11/29/09 lumbar MRI report, 11/24/09 operative report, 9/3/09 neurodiagnostic report, 9/4/09 lumbar myelogram and CT report and 8/10/09 lumbar MRI (with and without contrast) report.

Xchanging: email 2/11/10, preauth request sheet undated from Dr., 2/17/10 email from 2/17/10 reviewer report, 2/17/10 denial letter, 2/24/10 email from, 3/3/10 reviewer report and 3/3/10 denial letter.

We did not receive the ODG Guidelines from Carrier/URA.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The attending physician records from xx/xx/xx document that the claimant was injured which went over a bump, causing a jarring to the claimant's spine. The claimant was status post laminectomy for back and leg pain in xx/xx, followed by a hematoma evacuation a week later. The ongoing "worse" low back greater than left leg pain plus paresthesias was noted per Dr. Abnormal left-sided motor weakness, sensory abnormality and absent Achilles reflex were noted to be present. Foraminal stenosis and/or residual hematoma were felt to be exhibiting a mass effect on the MRI from 8/10/09. A CT-myelogram was felt indicated by the attending physician.

A 2/25/10 dated attending physician note indicated that the claimant had undergone an L5-S1 microdiscectomy in 11/09. He also noted however that the claimant had ongoing/"worsening" back and left leg pain with paresthesias. An 11/29/09 dated MRI revealed "normal post-op changes." Despite meds and therapy, the claimant's weakness in the left leg has been noted to have increased and the sensory and reflex findings were unchanged from pre-op. The attending physician has considered a myelogram to r/o arachnoiditis vs. nerve root impingement. The prior notes were reviewed including the 11/29/09 dated MRI and the operative report dated 11/24/09. The 9/3/09 dated EMG denoted left S1 radiculopathy.

The 2/17/10 dated denial letter was reviewed, with rationale indicating that the MRI was more accurate than a prior CT-myelogram. The 3/3/10 dated reconsideration denial letter was reviewed with rationale noted to include that there were not available objective findings of neurologic issues submitted in the records reviewed, and, that an MRI was superior in general.

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

Neither of the reviewers documented that they had either received or reviewed the 2/25/10 dated attending physician report that included a significantly abnormal "worsening" of the clinical findings. With these objective and apparent new findings, the differential diagnosis could include either arachnoiditis (which is non-surgical) and/or residual/recurrent nerve root impingement (albeit unlikely but cannot be ruled out) and if present would represent a surgical indication (yet again). Although the MRI has been opined has being of better resolution and/or more accurate, a CT-myelogram would add relevant and potentially dispositive clinical input in this still inconclusive setting with "worsening" neurologic deficit documented post MRI, based on the 2/25/10 dated report as above. The results of a CT-myelogram would enhance both the clinical and MRI results and would be very relevant to the clinical decision tree/pathway as to any additional surgical intervention vs. pain management. The utilization of the CT-myelogram to assist in the clinical "problem-solving" in this so far "inconclusive situation" is well-established in the ODG Guidelines.

CT & CT Myelography (computed tomography)	Not recommended except for indications below for CT.
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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*. 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. 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. 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

**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)