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Notice of Independent Review Decision

DATE OF REVIEW: 4/2/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical Myelogram

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

Certified by the American Board of Neurosurgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	722.0	72127, 72240,62284	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. IRO forms.
2. Utilization review determination letter 01/22/10 and 02/23/10.
3. Letter 03/03/10 requesting medical dispute resolution CT myelogram cervical spine.
4. Appeal letter 02/12/10 CT myelogram cervical spine.
5. Prescription form 12/02/09 CT myelogram cervical spine.
6. Rehabilitation impairment rating exam 08/04/09.
7. Office visit notes 08/28/09, 09/01/09, 09/21/09, 09/28/09, 10/14/09, 10/17/09, 0/27/09.
8. Consultation report 09/29/09 and 12/22/09.
9. Designated doctor examination report 10/09/09.
10. MRI cervical spine 11/28/07 and 10/12/09.
11. CT scan cervical spine 10/14/08.
12. Upper extremity electrodiagnostic study 11/29/07 and 10/30/09.
13. Operative and intraoperative monitoring reports 04/11/08 ACDF C4-5, C5-6 and C6-7.
14. Discharge summary 04/13/08.

PATIENT CLINICAL HISTORY:

According to the information provided, this male was injured on xx/xx/xx. Records indicate the patient slipped. While hanging he twisted his body and began having neck and left shoulder pain. Records indicate the patient is status post anterior cervical discectomy and fusion C4-5, C5-6 and C6-7 performed on 04/11/08. The patient reportedly had no significant improvement in symptomatology following surgery, postoperative rehab and physical therapy. Designated doctor examination performed on 10/09/09 determined the patient to have reached maximum medical improvement as of 03/24/09. The patient was seen for neurosurgical consultation on 12/22/09 and reported cervical range of motion to be decreased in lateral rotation secondary to pain. Motor exam revealed 4/5 strength in his triceps muscle on left, otherwise 5/5 throughout. Deep tendon reflexes were 1+ in left triceps reflex, otherwise 2+ throughout and symmetrical. Plantar responses were

flexor bilaterally. Gait reported the patient had no difficulty with toe or heel walking, and tandem walk is within normal limits. Straight leg raise was negative bilaterally. Spurling's sign was positive bilaterally. Sensory exam revealed a hypoesthetic region in C7 distribution on left to pinprick and light touch, otherwise intact. Coordination was intact.

It was recommended that the patient undergo cervical myelogram.

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

In the Reviewer's opinion, the clinical data presented for review does not support determination of medical necessity for CT myelogram of the cervical spine. The patient sustained an injury in 03/07, and subsequently underwent anterior cervical discectomy and fusion at C4-5, C5-6 and C6-7 on 04/11/08. Despite surgical intervention and postoperative therapy, the patient was noted to have had no significant improvement in symptomatology. The patient had a postoperative CT scan of the cervical spine on 10/14/08 that revealed postoperative change of ACDF involving C4, C5, C6, and C7 without evidence of complication. There was no evidence of bony stenosis of the spinal canal and foramina appear patent. Posterior neural arches were normal. Paraspinal soft tissues appeared intact. There is no evidence of fracture or lytic lesion. MRI of the cervical spine dated 10/12/09 revealed postoperative changes with medium sized focal protrusion of C3-4 and left paracentral posterior osteophytes at C6-7 impinging on left exiting C7 nerve roots. Upper extremity electrodiagnostic testing performed 10/30/09 revealed bilateral C6 radiculitis and left C7 radiculitis. In the Reviewer's opinion, there is no indication of surgical lesion at this time with studies showing no evidence of hardware failure or indications for surgical intervention, and therefore, the clinical data does not meet medical necessity for CT myelogram of the cervical spine.

Reference: 2010 Official Disability Guidelines, 15th edition, Work Loss Data Institute, Online Version, Neck and Upper Back Chapter.

Computed tomography (CT)

Not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. (Anderson, 2000) (ACR, 2002) See also ACR Appropriateness CriteriaTM. MRI or CT imaging studies are valuable when potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery. MRI is the test of choice for patients who have had prior back surgery. (Bigos, 1999) (Colorado, 2001) For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. (Daffner, 2000) (Bono, 2007) CT scan has better validity and utility in cervical trauma for high-risk or multi-injured patients. (Haldeman, 2008)

Indications for imaging -- CT (computed tomography):

- Suspected cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet
- Suspected cervical spine trauma, unconscious
- Suspected cervical spine trauma, impaired sensorium (including alcohol and/or drugs)
- Known cervical spine trauma: severe pain, normal plain films, no neurological deficit
- Known cervical spine trauma: equivocal or positive plain films, no neurological deficit
- Known cervical spine trauma: equivocal or positive plain films with neurological deficit

Myelography

Not recommended except for surgical planning. Myelography or CT-myelography may be useful for preoperative planning. (Bigos, 1999) (Colorado, 2001)

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)