



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 11/21/10

**IRO CASE #:**

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

CT myelogram of lumbar spine

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.O., duly licensed physician in the State of Texas, fellowship trained in Pain Management, Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Medicine with over 23 years in the active and current experience in the practice of Pain Management and routinely orders and reviews imaging studies such as the one requested here as part of his practice

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. Lumbar MRI scan, 09/24/09
2. Medical progress notes from Dr. from 10/08/09 through 01/08/10
3. Medical records from Dr. 08/30/10
4. Preauthorization review decisions, 10/12/10 and 10/21/10

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This claimant was allegedly injured at work on xx/xx/xx. According to the evaluation by Dr. on 10/08/09, the claimant was lifting a tray of soda when he felt a pop in his back and immediate pain. Dr. noted on 10/08/09 that the claimant had completed six to eight physical therapy sessions which had “helped significantly.” The claimant complained

primarily of leg pain radiating from the left buttock into the posterior thigh, calf, and lateral aspect of the left foot with a ratio of left leg to lumbar pain of 89/11. Physical examination by Dr. on 10/08/09 demonstrated left gluteal and sciatic notch tenderness. There was moderate discomfort with flexion and pain with lumbar extension. There was a positive straight leg raising test on the left and negative on the right. Reflexes were normal bilaterally at the knees and Achilles on the right and 1+ on the left. Sensation was decreased along the left lateral thigh, shin, and lateral foot. There was mild weakness of the left gastrocnemius relative to the right. Dr. reviewed an MRI scan from 09/24/09, which demonstrated a 1-mm L2/L3 bulge with no neural compromise, a 2-mm left L3/L4 bulge with mild left foraminal stenosis, a 3-mm central L4/L5 protrusion with mild bilateral foraminal and central canal stenosis, and a 1-mm L5/S1 disc bulge with moderate right and mild left foraminal stenosis. Dr. referred the claimant for an L4/L5 transforaminal epidural steroid injection and followed up with the claimant on 11/24/09. He noted that the epidural steroid injection had provided "significant relief" of approximately "30-40%." The claimant, however, complained of the same distribution of pain, and physical examination was unchanged. Dr. noted the "significant" injection response and recommended the claimant begin work hardening or work conditioning as well as recommending electrodiagnostic studies.

The claimant returned to Dr. on 01/05/10, still complaining of the same lumbar and primarily left leg pain in the same distribution. Dr. noted the claimant was working light duty. Physical examination was again the same as the previous two visits. Dr. again recommended the claimant underwent electrodiagnostic studies.

Eight months later the claimant was evaluated by Dr. for his continuing complaint of lumbar and left leg pain. Dr. documented that physical examination and epidural steroid injection provided "no significant improvement" and the claimant's pain level of 5-6/10. The claimant had no complaints of unstable gait or leg weakness. Lumbar range of motion was decreased in flexion. Motor evaluation demonstrated mild decrease in the left tibialis anterior and extensor hallucis longus muscle. Reflexes were normal bilaterally at the knees and ankles. The straight leg raising test was positive bilaterally at 50 degrees, and sensation was decreased in the left L5 distribution. Dr. recommended CT scan myelogram "for surgical planning." Initial review of the request on 10/12/10 recommended nonauthorization of the requested myelogram because of the lack of any progressive neurologic deficit on exams.

On 10/18/10 a Letter of Medical Necessity was written by Dr. who cited ODG Guidelines regarding myelogram and stated that the "request is for surgical planning." A second physician reviewer, a chiropractor, recommended nonauthorization of the request on 10/21/10.

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

There are several reasons why a CT myelogram of the lumbar spine is not medically reasonable or necessary. First, physical examination evidence for radiculopathy is equivocal at best in all of the examinations documented. There is, in fact, no consistent

definitive evidence of radiculopathy on examination. Second, the lumbar MRI scan clearly fails to demonstrate any significant findings, neural compression, or focal left disc herniation consistent with the claimant's subjective complaints. Disc bulges of 1-2 mm are, in essence, variations of normal findings and not indicative of pathology. Similarly, mild neural foraminal stenosis at L3/L4, L4/L5, and L5/S1 on the left is also of no clinical significance and not indicative of pathology which would otherwise support the claimant's subjective complaints. Therefore, absent correlation between the claimant's subjective complaints and the MRI scan findings, and with physical examination findings being equivocal at best, there is no medical reason or necessity for CT myelogram for further evaluation of the claimant's subjective complaints. Moreover and perhaps most importantly, there are no definite plans for surgery documented by Dr. nor any documentation that the claimant would be willing to even consider surgery. Therefore, and according to ODG Treatment Guidelines, a CT myelogram is not medically reasonable, necessary, or indicated to evaluate this claimant's pain complaints. Absent significant consistent clinical evidence of radiculopathy and definitive plans and consent for the claimant to undergo surgery, a CT myelogram will not alter or change the clinical course or clinical options available for treatment of this claimant as related to his work injury.

In conclusion, the recommendations for nonauthorization of CT myelogram of the lumbar spine are, therefore, upheld.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)