

# P&S Network, Inc.

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## Notice of Independent Review Decision

### MEDICAL RECORD REVIEW:

**DATE OF REVIEW:** 02/08/2010

**IRO CASE #:**

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

This case was reviewed by a Pain Management (Board Certified), Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

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

Lumbar Myelogram with CT scan 62284, 72265, 72131

### **REVIEW OUTCOME**

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

Upheld (Agree)

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o 08-03-08 Lumbar and bilateral hips MRI read by Dr.
- o 08-18-09 Lumbar MRI without contrast read by Dr.
- o 08-19-09 Operative report lumbar ESI and Discharge Evaluation from Dr.
- o 09-02-09 Operative report lumbar ESI number 2 from Dr.
- o 10-29-09 Order for lumbar myelogram with CT lumbar spine from Dr.
- o 10-29-09 Medical report from Dr.
- o 11-20-09 Electrodiagnostic study report read by Dr.
- o 01-20-10 Request for IRO from the Claimant
- o 01-21-10 Confirmation of Receipt of Request for IRO from TDI
- o 01-26-10 Notice of Case Assignment of IRO from TDI

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

According to the medical records and prior reviews, the patient is a who sustained an industrial injury to the low back on xx/xx/xx associated with a fall.

Lumbar MRI was performed on August 3, 2008 and given impression: Moderate to severe disc degeneration of the lower lumbar spine. Mild facet hypertrophy of the lumbosacral junction. Minimal retrolisthesis of L3 on L4. Atherosclerosis. Increased stool in the proximal colon. Bilateral hip MRI of the same dates showed an unremarkable study.

Lumbar MRI was repeated on August 18, 2009 and given impression: 1. Multilevel severe degenerative changes throughout the lumbar spine. 2. At L3-4, there is a large circumferential disc-osteophyte complex. Posterior inferior focal disc extrusion. Almost 1 cm left paramidline inferior sequestered disc fragment. Severe narrowing of the left neural recess. Facet hypertrophy.

Severe bilateral foraminal narrowing and nerve root compression. A 10% grade I anterolisthesis of L4 over L3. 3. At L4-5 level, there is large circumferential disc-osteophyte complex. Moderate posterior central and inferior focal disc protrusion. Massive facet hypertrophy. Occlusive bilateral foraminal narrowing and nerve root compression. 4. At L5-S1 level, large circumferential disc-osteophyte complex. Posterior central focal disc extrusion. Massive facet hypertrophy with occlusive foraminal narrowing and nerve root compression bilaterally.

The first of three lumbar left L3-4, L4-5 transforaminal epidural steroid injections was administered on August 19, 2009. A second injection was administered on September 2, 2009.

The patient was provided a neurologic consultation on October 29, 2009 for low back pain, left hip and left lower extremity pain, since a fall. He complains of left foot numbness. He has had temporary relief with 3 epidural injections. He describes constant back pain with shooting pains. He is 5' 8" and 187 pounds. There is mild weakness in right plantar flexion. Lumbar MRI of August 18, 2009 is reviewed. Recommendation is for EMG/NCV and CT myelogram.

EMG/NCV was performed on November 20, 2009 and shows radiculopathy. The impression states, acute/ongoing/chronic left L4 and L5 radiculopathy and right paraspinal L5 radiculopathy. MCS findings were consistent with severe bilateral lower extremity motor neuropathy and bilateral L5 and S1 radiculopathy with prolonged H reflex supporting the S1 findings and lack of peroneal reflex supporting L5 findings.

Request for lumbar myelogram with CT was considered in review on December 15, 2009 with recommendation for non-certification. 8 pages of records were reviewed. The patient has had three lumbar EISs. MRI of 08-21-09 showed multilevel discogenic sclerosis, degenerative changes and large circumferential disc-osteophyte complex L3-4 causing left foraminal severe narrowing and spinal stenosis. A rationale for CT myelogram was not provided. The provider does not take peer calls. No rationale for the study was noted and no contraindication to MRI was noted.

Request for reconsideration, lumbar myelogram with CT was considered in review on January 14, 2009 with recommendation for non-certification. MRI was performed as noted. EMG showed left L4-5 and right L5 and bilateral S1 radiculopathy. He had ESIs in August and September 2009 without improvement. The provider does not do peer discussions. The medical records have not documented the patient's failure of conservative management and a significant change in his neurologic condition has not been noted. Additional information from a peer discussion is needed but not available.

Request was made for an IRO.

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

Per ODG, CT Myelography is not recommended except for indications below for CT. CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive.

The patient has low back pain and left lower extremity pain after a fall. He has left foot numbness and mild right foot plantar flexion weakness. Sensation is intact. The patient's course of conservative treatment is not documented. He has severe degenerative disc changes and marked disc osteophytes complexes resulting in multilevel foraminal narrowing and nerve root compression per MR imaging in 2008 and 2009. The patient underwent lumbar MRI in August 2008 and August 2009 without documentation of contraindications to MRI or poor quality of the reports. Nerve studies have shown left L4 and L5 radiculopathy and right paraspinal L5 radiculopathy and bilateral S1 radiculopathy. The patient does not appear to have had any prior lumbar surgery and there is no metal in place to obscure imaging. There does not appear to be any marked change in his neurologic status over the past year.

Given the lack of support for CT myelogram in ODG and clear MRI scans with corroborating nerve studies and examination findings, the rationale for CT myelogram is unclear and not supported. Although it is noted that the requesting physician does not do peer to peer telephone discussions, a written explanation supporting this request has not been submitted.

Therefore, recommendation is to agree with the prior non-certification for Lumbar Myelogram with CT scan 62284, 72265, 72131

The IRO's decision is consistent with the following guidelines:

#### **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

The Official Disability Guidelines - Lumbar Chapter (01-21-2010) CT and CT Myelography:

Not recommended except for indications below for CT. 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