



MedHealth Review, Inc.
661 E. Main Street
Suite 200-305
Midlothian, TX 76065
Ph 972-921-9094
Fax 469-286-0735

Notice of Independent Review Decision

DATE OF REVIEW: 1/22/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of an outpatient lumbar myelogram with post CT (23hrs observation).

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. The reviewer has been practicing for greater than 15 years and performs similar procedures in an active practice setting.

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 all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Neurosurgical Spine Associates and Insurance

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Neurosurgical Spine Associates: Office Notes – 9/10/09-12/14/09; FlexRad MRI report – 10/2/09.

Records reviewed from I Insurance: Denial letter – 12/10/09 & 12/22/09; Associates – MRI report – 9/22/06; Hospital Operative Note – 11/7/06 & 3/6/07; Neurosurgical Spine Associates Office Notes – 1/17/08 & 3/17/08.

A copy of the ODG was provided by the Carrier for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The submitted records provided for review included the records from Dr.. Notes from December/09 reference a possible recurrent disc on the left side. The claimant was noted to be having back and left leg pain. Muscle spasms and a positive straight leg raise were noted, as was sciatica notch tenderness and a possible slight decrease to dorsiflexion of the foot on the left.” A left paracentral disc was noted to be possibly a greater protrusion on the recent MRI scan. It was also noted to represent a possible tear of the annulus. “I’m not really sure that the MRI is significant enough in a post-op patient. I think it is unclear for surgical planning. I would request a myelogram.” Notes from November/09 reference a prior surgical procedure from March/07 for “recurrent disc scar tissue” post a procedure 21 years prior. The March/09 procedure was at left 3-4 and 4-5. The claimant continues to be symptomatic with some “reoccurrences” despite medications and therapy. A new work-up was felt indicated to assess for possible “new radiculopathy.” In September and October/09, the claimant was noted to be limping and to have a possible residual decrease in the left ankle reflex in addition to decrease sensation in L5-S1 on the left. The post-op MRI was difficult for the AP to assess as far as a change and/or new pathology. The 10 2 09 dated MRI was compared to the pre-op February/07 MRI by the radiologist and felt to be “slightly more prominent” at the L4-5 level with “encroachment” centrally and at the lateral recess.

The 12 10 09 and 12 22 09 dated Non-cert documents were noted with rationale that an MRI was available for review and/or the lack of clinical and MRI discordance. The 9 22 06 dated MRI with contrast was noted, as were the 11/06 and the 3/07 dated op reports as were subsequent progress notes. Negative straight leg raises were noted in March/08. “He does not have a lot of leg pain anymore” was noted on 3 17 08.

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

The claimant has had a documented re-occurrence of leg pain and limping. The claimant has abnormal sensation, motor power and left sided Achilles reflex. The MRI is possibly worse and overall not fully conclusive at one of the operated levels. The claimant is being assessed for possible new vs. old radiculopathy and either has chronic scarring or new pathology at L4-5 in particular. Additional diagnostic information is warranted since the individual has failed activity reduction, therapy, work hardening and medications including cortisone. Both the

MRI and clinical findings are not fully conclusive in assessing new vs. chronic natural scar progression post-op.

The ODG states “CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive...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.” Therefore, the requested procedure is approved as per his presentation and the ODG 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 FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)