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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/18/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Cervical myelogram w/post CT 72240, 72125, 77003, 76377, 99235, Q9967, A4500

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 10/21/09, 11/9/09
Request for Cervical myelogram, Dr. 11/26/09
Patient Information Form
Orthopedics, Initial Evaluation, 10/13/09
Follow-up, 11/0/09
MRI Spine Cervical, 5/9/06, 3/28/07, 12/18/07
MD, 10/1/08, 11/12/08, 3/4/09, 7/15/09, 9/14/09
Medical Group, Progress Notes, 12/24/08, 3/3/09, 7/14/09, 9/15/09, 10/6/09
MD, 4/22/09
Chart Note, 6/16/09
xxxxxx, 6/24/09
xxxxxxx 6/18/09
ODG-TWC

PATIENT CLINICAL HISTORY SUMMARY

This is a male worker who was injured on xx/xx/xx. He was found to have an endplate fracture of C7 with a 15% compression, nonprogressive. He has had several MRI scans, the reports of which are available for review, not showing any central canal stenosis. The patient is said to have numbness and tingling into his upper extremities. He is said to have bowel and bladder incontinence. The current request is for a cervical myelogram with post CT scan. There is a note of this patient have myelomalacia.

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

This patient's most recent MRI scan reveals that the cord signal and caliber are within normal limits. This is in complete variance with the report of the treating physician. At the C2/C3 level there is said to be no significant canal or foraminal stenosis. At C3/C4 there is said to be minimal circumferential distal osteophyte complex without significant canal stenosis. At C4/C5 it is said once again that there is uncovertebral joint complex without significant canal stenosis. At C5/C6 there is osteophyte complex but without stenosis. At C5/C6 there is again spondylosis with minimal canal stenosis. At C6/C7 there is no canal or foraminal stenosis. At C7/T1 there is no significant stenosis. In the conclusion, the impression is that there is no evidence of severe canal stenosis or focal disc protrusion, no evidence of cord deformity or edema. These comments are at significant variance from the treating physician's report. Although the individual is experiencing bowel and bladder incontinence there is no evidence in the records provided that there has been an attempt perform a rectal examination or obtain voiding urethrocytogram. The clinical evaluation shows no hyperreflexion of the lower extremities and no evidence of upper extremity myelopathy. The clinical examination is not suggestive of myelopathy. Based on the MRI scan and medical records, there is no support within the Official Disability Guidelines and Treatment Guidelines for repeat myelogram and post CT scan. The reviewer finds that medical necessity does not exist for Cervical myelogram w/post CT 72240, 72125, 77003, 76377, 99235, Q9967, A4500.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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)