

# I-Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jul/16/2010

**IRO CASE #:**

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

Lumbar myelogram with CT

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

MD, Board Certified Neurosurgeon

**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, 5/18/10, 6/18/10

MD, 5/24/10. 5/10/10

Rehab Center 3/30/10

Accident and Injury Rehab 4/15/10, 4/22/10, 4/20/10, 5/6/10,  
3/30/10, 4/12/10

4/23/10

Center 1/13/10

Medical Group 12/31/09, 1/8/10

12/31/09, 2/5/10

M.D. 1/4/10

Dr. 1/13/10

Emergency Center 4/9/10

2010 Official Disability Guidelines, 15th edition, "Low Back" chapter

**PATIENT CLINICAL HISTORY SUMMARY**

This is a female with a date of injury xx/xx/xxxx, when she fell backwards in a chair. She complains of low back pain radiating into the lower extremities. She also has severe neck and bilateral radiating shoulder and arm pain. On 05/10/2010, it states that her neck pain has been much more significant than her low back pain. She has had medications and physical therapy, as well as chiropractic therapy. Her neurological examination 05/10/2010 shows some scattered sensory loss in the C5 and C6 dermatomes bilaterally. A CT of the lumbar spine 01/13/2010 reveals very mild multi-level degenerative disc disease and facet arthrosis. There is no clinically significant canal or neuroforaminal stenosis. The provider is requesting

a lumbar myelogram with CT.

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

The lumbar myelogram with CT is not medically necessary. According to the ODG, "Low Back" chapter, "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." In this case, it is unclear why the claimant could not undergo an MRI. There is only a plain CT report of the lumbar spine. A myelogram is an invasive test and not without some risk. Medical necessity for a CT myelogram of the back is not established by the submitted documentation. The reviewer finds that medical necessity does not exist for Lumbar myelogram with CT.

References/Guidelines

2010 Official Disability Guidelines, 15th edition  
"Low Back" chapter  
Myelogram/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. 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-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)