

SENT VIA EMAIL OR FAX ON
Jul/01/2010

Pure Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Cervical Myelogram with CT

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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

OD Guidelines

Denial Letters 5/5/10 and 6/14/10 Dr. 3/4/10 thru 5/21/10 Clinic 1/22/01 thru 6/15/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a date of injury xx/xx/xx. He is status post L4-L5 and L5-S1 laminectomies and fusion 01/22/2001. He has a dorsal column stimulator on 08/02/2007, and is unable to have an MRI. He is complains of increasing neck pain with radiation into the right upper extremity. His neurological examination is normal. He is noted to have 3 of the contacts on the right-hand sided of the dorsal column stimulator not working. A CT myelogram of the lumbar spine revealed bilateral neuroforaminal narrowing at L3-L4 on 04/23/2009. Apparently a CT myelogram of the cervical spine in 12/2003 showed postoperative changes but no neural compression. It has been decided he has a malfunctioning spinal cord stimulator. However, the provider is recommending a cervical myelogram with CT to rule out any other treatable cause.

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

The myelogram and CT of the cervical spine is not medically necessary. The claimant has obvious malfunctioning of the spinal cord stimulator. There are no progressive neurological deficits to warrant any further neuroimaging. According to the ODG, "Low Back" chapter, a

CT myelogram is indicated if the MRI is contraindicated. This patient cannot undergo MRIs due to the presence of the spinal cord stimulator. Also, according to ODG, "repeat MRI's are indicated only if there has been progression of neurologic deficit." In this case, there has not been progression of neurological deficit. The claimant has worsening axial neck pain and an apparent malfunction of the spinal cord stimulator. The request for the CT myelogram of the cervical spine is not medically necessary, given the circumstances of this case.

References/Guidelines

2010 *Official Disability Guidelines*, 15th edition

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)