



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 7-13-10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Total body scan and myelogram with post myelogram CT scan of the lumbar spine

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

American Board of Orthopaedic Surgery-Board Certified

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 10-23-09 MRI of the lumbar spine interpreted by DC.
- MD., office visits on 1-22-10, 3-8-10, 4-7-10, and 4-21-10.
- MD., office visits on 2-3-10 and 3-3-10.
- 3-26-10 EMG/NCS of the lower extremities performed by Dr.
- 5-13-10 MD., performed a Utilization Review.
- 5-20-10 MD., provided a letter.
- 6-7-10 MD., performed a Utilization Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

10-23-09 MRI of the lumbar spine interpreted by DC., showed right paracentral disc protrusion at T12-L1 projecting approximately 5 mm into the spinal canal compressing the right anterior thecal sac and appears to displace the traversing right L1 or L2 nerve posteriorly probably irritating the nerve. The radiologist suspected that this protrusion is subacute and partially healed due to its intermediate low-signal intensity.

1-22-10, MD., the claimant is a female who was seen for an orthopaedic evaluation concerning her lumbar spine. She states that on xx/xx/xx she lifted a bucket of water while at work and immediately felt a pain in her lower back. She is experiencing radiating pain into the right lateral thigh with numbness and tingling in her upper back. The claimant has also noticed pain in the medial thigh from time to time. She mentions that she has trouble with walking and sleeping due to pain. The claimant states that she is unable to stay in one position such as sitting, lying down, or standing for very long. She has seen Dr. for chiropractic treatment up until about 2 weeks ago when Workers' Compensation denied further treatment. He also ordered an MRI of her lumbar spine. The claimant is also seeing Dr. for pain management. He has been prescribing pain medication but has not been able to get any injections approved. On exam, right patella reflex markedly diminished compared to the left. Achilles reflexes are normal bilaterally. No clonus on ankle jerks. She has normal sensation in all dermatomes. She has right hip flexion weakness but normal strength to bilateral hip ab/adduction. Internal and external right hip rotation causes pain over the lateral and posterior aspect of her hip. The claimant is tender at T12-L1. She is sore over the right SI joint, no sciatic notch tenderness on either side. She has normal heel/toe walk. The claimant had x-rays which

showed no fracture or dislocation. Her MRI showed Right paracentral disk protrusion at T12-L1 projecting approximately 5mm into the spinal canal compressing the right anterior thecal sac and appears to displace the transversing right L1 or L2 nerve posteriorly probably irritating the nerve. The radiologist suspected that this protrusion is subacute and partially healed due to its Intermediate low-signal intensity. Impression: Pain in lower back and lumbar HNP at T12-L1. The evaluator recommended the claimant begin a course of lumbar epidural steroid injection. The evaluator also recommended referral to Dr. for transforaminal epidural steroid injection at T12-L1.

2-3-10 MD., the claimant reported that she had been fired from her job due to her limitations and absences. She is currently looking for a job. The evaluator recommended a formal physical therapy program. The evaluator also recommended T12-L1 epidural steroid injection. No medications refills were provided.

3-3-10 MD., the claimant reports low back pain rated as 8-9/10 with radiation to the posterior buttock/hip pain. Her current medications include Mobic, Neurontin, Zanaflex and Darvocet. On exam, the claimant has light touch and pain sensation at right L1 distribution. DTR are 2/4 at bilateral patella and Achilles tendon. Strength is 4/5 at the right quadriceps, right iliopsoas and right gastrocnemius. The claimant has a positive SLR. Assessment: Low back pain, lumbar low back spondylosis. Plan: therapeutic injections, continue with a home exercise program. No medications refill provided.

3-8-10 MD., the claimant states she has lower back pain which radiates to her right buttock and hip. She felt pain in her right great toe. When she performs exercises, she feels numbness and tingling in her bilateral legs. She saw no improvement with the injections. On exam, she has normal DTR. She has normal heel and toe walk. She has normal sensation in the lower extremities. SLR on the right causes right buttock and anterior thigh pain. The evaluator recommended a formal course of physical therapy.

3-26-10 EMG/NCS of the lower extremities performed by Dr. was negative.

4-7-10 MD., the claimant reports she has not attended physical therapy since the prior visit. She saw Dr. about two weeks ago and he performed a nerve test. The claimant reports her pain seems to be along the right side of her lumbar spine and will radiate into her right thigh. The evaluator reported that on exam, the claimant continues with the same pain. The evaluator recommended physical therapy and follow up with Dr., as scheduled to review her EMG results. The claimant is to continue to work with her same restrictions.

4-21-10 MD., the claimant is seen for follow up. She indicates increase in her bilateral hip pain which cause difficulty with ambulation. The claimant had an EMG/NCS performed by Dr. which was negative. Impression: Lower back pain and lumbar HNP at T12-L1. The evaluator reported the claimant has pain which is disproportionate to her physical findings. The evaluator recommended a total body bone scan and a myelogram with post myelogram CT scan to rule out an occult fracture or non-union.

The evaluator reported that the myelogram will provide the reasoning for the radiating pain through her right buttock and lower extremity.

5-13-10 Martin Thai, MD., performed a Utilization Review. It was his opinion regarding the bone scan that this procedure is not commonly recommended by Official Disability Guidelines, except for bone infection, cancer, or arthritis. There is no objective evidence of current infection or arthritis, and no suspicions of cancer for this patient that would warrant bone scans as requested. There are also no plain film radiographs that are inconclusive for fractures. As such, this request cannot be certified. This patient does not appear to be a candidate for surgical consideration at this time. The patient had an MRI of the lumbar spine previously and was only stated to show evidence of lumbar HNP; however, the radiologist report was not submitted for review. Without further rationale on why a CT scan of the lumbar spine is needed, the request would not be certified at this time.

5-20-10 MD., provided a letter. The provider reported the claimant has been his patient since 1-22-10. She was involved in a work related injury on xx/xx/xx. The claimant has a diagnosis of low back pain and lumbar HNP at T12-L1. The evaluator requested a CT lumbar scan post Myelogram as well as a total body bone scan for further evaluation. He would like to have these studies performed to the claimant to evaluate if there is any pathology in her lumbar spine that the MRI which was previously performed missed. He suspected an occult fracture or non-union which may have been overlooked by the MRI. A CT would better demonstrate bone as well as the bone scan. The evaluator prescribed physical therapy which has not been effective in relieving her pain and she has received treatment from a pain specialist which was ineffective as well. She has been taking Mobic what has not helped either. She did have an EMG study which was in agreement with ordering a CT scan of her lumbar. The evaluator felt that at this time it is necessary to order these imaging studies for further evaluation of the condition of her spine from the work related injury. Once these studies have been performed he will be better to diagnose the claimant and continue with her treatment plan to return to work with no restrictions or pain.

6-7-10 MD., performed a Utilization Review. The reviewer reported the request for appeal for total body bone scan myelogram with post myelogram CT scan for the lumbar spine is non-certified at this time. The clinical documentation indicates the patient is being requested for a myelogram with post myelogram CT scan of the lumbar spine to rule out my occult fractures or nonunion, not identified on the previous MRI study. There is no indication that the patient has undergone a previous non-diagnostic plain film radiograph of the lumbar spine. In addition, the most recent comprehensive physical exam submitted for review is dated 3-8-10. Additional clinical documentation would need to be submitted for review before the appropriateness of this request can be established. In addition, Official Disability Guidelines do not recommend bone scans except for evaluation of bone infection, cancer, or arthritis. The clinical documentation fails to indicate the patient is suspected of any infection that would warrant a bone scan at this time. It is also unclear as to why the patient is being requested for a total body bone scan vs. a bone scan of the lumbar spine. As such, the request for appeal for total

body bone scan myelogram with post myelogram CT scan of the lumbar spine is non-certified at this time.

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

The claimant sustained an injury approximately 2 years ago. There were no changes of an acute nature demonstrated on the recent lumbar MRI. Therefore, the request for a lumbar myelogram/CAT scan is not reasonable and necessary as subjective complaints are not matched with objective findings. The request for a total body bone scan and myelogram with post myelogram CT scan of the lumbar spine are not considered reasonable or medically indicated.

ODG-TWC, last update 7-9-10 Occupational Disorders of the Low Back – Bone scan: Not recommended, except for bone infection, cancer, or arthritis. (deVlam, 2000) (Littenberg, 1995) (ACR, 2000) [Note: This is different from the 1994 AHCPH Low Back Guideline, which said "Recommend if no improvement after 1 month" for Bone scan. (Bigos, 1999)] Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma.

ODG-TWC, last update 7-9-10 Occupational Disorders of the Low Back – Lumbar myelogram and post CT scan: Not recommended except for indications below for CT. CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. (Slebus, 1988) (Bigos, 1999) (ACR, 2000) (Airaksinen, 2006) (Chou, 2007) 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. (Seidenwurm, 2000) The new ACP/APS guideline as compared to the old AHCPH guideline is more forceful about the need to avoid specialized diagnostic imaging such as computed tomography (CT) without a clear rationale for doing so. (Shekelle, 2008) 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. (Chou-Lancet, 2009) Primary care physicians are making a significant amount of inappropriate referrals for CT and MRI, according to new research published in the *Journal of the American College of Radiology*. There were high rates of inappropriate examinations for spinal CTs (53%),

and for spinal MRIs (35%), including lumbar spine MRI for acute back pain without conservative therapy. (Lehnert, 2010)

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 (Laasonen, 1989)

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)**