



REVIEWER'S REPORT

DATE OF REVIEW: 02/10/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Cervical myelogram with CT scan

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering cervical spine injury

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. ZRC forms
2. TDI referral forms
3. Denial letters, 12/29/09 and 01/06/10
4. URA records
5. denial letter, 12/29/09
6. Fax cover sheets
7. xxxxxx clinical notes, 12/15/09, 10/05/09, 07/07/09, 06/01/09, 05/04/09, 04/07/09, 02/27/09
8. New patient evaluations, 06/17/09
9. X-ray reports, 10/05/09, 07/07/09, 06/01/09, 05/04/09, and 11/11/08
10. Neurology consultation, M.D., 06/17/09
11. xxxxxx, 06/02/09
12. Operative report, 04/16/09
13. Decompression, C3-C4, with subtotal laminectomies, C3 and C4, posterolateral fusion, C3-C4
14. Internal medicine consultation, M.D.
15. Patient education form, 04/07/09
16. Cervical spine x-ray report, 04/16/09
17. Cervical myelogram report, 02/19/09
18. xxxxxx, Dr. consultation, 11/11/08
19. EMG/nerve conduction study, 09/04/08
20. MRI scan of cervical spine, 06/24/08 and 03/10/08
21. xxxxxx patient profile, 12/22/09
22. Fax cover sheet

23. CT myelogram order, 12/15/09
24. Workers' Compensation profile
25. Requestor records

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male with repeated axial impact injuries to his head. A date of injury is given as xx/xx/xx. At this time he had sudden onset of upper extremity and cervical pain. The patient underwent a cervical fusion at the level of C3/C4 on 04/11/08. He had persistent pain and was felt to have suffered a pseudoarthrosis. A second cervical procedure was performed on 04/16/09. It would appear that the fusion masses are intact. However, the patient has had progressive symptoms of lower extremity weakness. His ability to ambulate has been described throughout the clinical notes as ambulating with a slow gait then a gait supported by cane, and now a gait supported by walker. He has had urinary problems, which have been traced through the medical record from no problem whatsoever to some difficulty with micturition but without incontinence, and he is now having to perform urinary catheterization for elimination of urine. It would appear that he has a potential progressive neurological lesion. He has symptoms and physical findings which deserve further evaluation. A cervical myelogram with CT scan is not an unreasonable approach to the evaluation of progressive neurological findings.

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

It would appear that this patient is suffering a slow progression of neurological findings. Specifically, the strength in his lower extremities allowing ambulation without support has significantly diminished to the point now that he is ambulating with a walker. He further has urinary problems requiring regular catheterization. Such symptoms and physical findings deserve further evaluation, and the CT cervical myelogram should be allowed.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)