



Amended February 22, 2010

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 02/13/10

**IRO CASE #:**

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

Lumbar myelogram with CT scan and 23-hour hospitalization for observation

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment patient's suffering 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, 12/30/09, 01/21/10, and 02/03/10
4. Carrier records
5. Clinic medical records, 11/13/09
6. MRI scan, lumbar spines, 11/18/09
7. M.D., clinical notes, 12/10/09, 12/18/09, 01/10/10, 01/22/10, 01/08/10
8. ODG reference
9. Requestor records
10. EMG/nerve conduction study, 12/21/09

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient is a male who sustained an injury to his lumbar spine region on xx/xx/xx when he fell in a straining posture when a handle broke on a machine that he was utilizing. He fell backwards, landing on his lumbar spine region. He had immediate pain and has been evaluated in the Newton Family Clinic and in the office of Dr. Clark, neurosurgeon. He has had low back pain and left leg pain. Electrodiagnostic studies

revealed irritability in the lumbosacral paraspinal muscles and chronic L5/S1 radiculopathy. A lumbar MRI scan dated 11/18/09 revealed multiple levels of degenerative disc disease with multiple levels of disc protrusion. Reflexes were 2+ and equal bilaterally. Sensory examination revealed deficits in the L5/S1 dermatomes. There was weakness of plantar flexion. Paraspinal muscles were in spasm. A lumbar myelogram was recommended with a request for 23-hour observation admission post myelogram. The request was considered and denied, reconsidered and denied.

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

The patient has had an MRI scan and a positive history and physical examination suggestive of degenerative disc disease with herniated nucleus pulposus at L4/L5 and L5/S1 by physical examination and MRI scan. The only justification for a lumbar myelogram would be as a part of preoperative planning; however, the requested 23-hour observation is not supported in the ODG. Specifically, the lumbar myelogram is recommended as an outpatient procedure and as such, the prior denials were appropriate and should be upheld.

**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.)