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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/19/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CT/Myelogram of Lumbar Spine 72133, 72264, 62284

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Orthopedic Surgeon

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

The Adverse Determination Letters, 1/13/10, 12/21/09
L/S MRI, 12/20/08

Office note, Dr. 8/31/09

EMG/NCS, 09/08/09

WC form, 11/24/09

Office note, Dr., 11/24/09

CT myelogram L/S in flexion and extension

Request for reconsideration from Dr., 12/28/09

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates, Low Back

PATIENT CLINICAL HISTORY SUMMARY

This is a male injured in a slip and fall on xx/xx/xx. He presented with complaints of lower back and bilateral leg pain. The initial diagnosis was lumbar sprain/strain. His medical history was significant for hypertension, insulin dependent diabetes, bilateral knee surgery, prostate cancer, sarcoidosis, asthma, arthritis, and depression. Lumbar MRI on 12/20/08 noted severe central and lateral recess stenosis at L4-5 due to a midline disc protrusion versus shallow midline disc herniation with severe degenerative hypertrophic changes in the facet joints and the posterior ligaments with edema within the facets, greater on the left than right. Treatment noted Ultram, Skelaxin and physical therapy. Electrodiagnostic studies on 09/08/09 documented evidence of bilateral L5 and S1 radiculopathy. Examination by Dr. on 11/24/09 noted complaints of increasing urinary incontinence with no reported bowel dysfunction. Lumbar flexion was decreased with slightly decreased strength in the anterior tibialis anterior and the extensor hallucis longus. Sensation to pin prick was reduced in the

L5 and S1 region on the left and straight leg raise was positive on the left at fifty degrees and negative on the right. The impression was spinal stenosis L4-5, lumbar mechanical/discogenic pain, disc herniation L4-5, lumbar radiculitis, and lumbago. A lumbar CT/myelogram was ordered for further evaluation of the central and bilateral foraminal stenosis at L4-5. This request was non-certified in two previous peer reviews and reconsideration was submitted for review.

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

Based on a review of the records and the ODG Guidelines, a CT Myelogram does not appear to be medically necessary in this male. He has had previous MRI and electrodiagnostics and there is no evidence that the MRI is of poor quality or did not define anatomy as appropriate. Per the ODG and standard of care the lumbar CT/myelogram is not medically necessary. The reviewer finds that medical necessity does not exist for CT/Myelogram of Lumbar Spine 72133, 72264, 62284.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates, Low Back

CT & CT Myelography (computed tomography): Not recommended except for indications below for CT. CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive

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-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)