



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: May 11, 2010

IRO Case #:

**Description of the services in dispute:** CT Myelogram, Cervical

**A description of the qualifications for each physician or other health care provider who reviewed the decision**

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer is a fellow of the American College of Surgeons. This reviewer is a member of the American Medical Association and the American Academy of Orthopedic Surgery. This reviewer has been in active practice since 1975.

**Review Outcome**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be overturned. Cervical CT myelogram is medically necessary.

**Information provided to the IRO for review**

Received from the State 04/22/10:

- Confirmation of Receipt of a Request for a Review by an Independent Review Organization 04/21/10, 5 pages.
- Request for Review by an Independent Review Organization 04/19/10, 2 pages.
- Letter 04/06/10, 3 pages.
- Letter 03/26/10, 3 pages.

Received from the Provider 04/22/10:

- Work Status Report 03/15/10, 1 page.
- Notice to Utilization Review Agent of Assignment of Independent Review Organization 04/22/10, 1 page.
- Medical Centers Progress Note 04/19/10, 1 page.
- Medical Centers Progress Note 04/05/10, 1 page.
- Medical Centers Referral for Imaging 03/16/10, 1 page.
- Medical Centers Follow Up WC Visit 03/15/10, 2 pages.
- Medical Centers Physical Medicine and Rehabilitation Treatment Plan 03/15/10, 1 page.
- Spine Progress Evaluation 03/12/10, 5 pages.

**Patient clinical history [summary]**

The patient is a male who reported sustaining an on-the-job injury in xx/xx when he was moving some crates with a pallet jack. The patient reported experiencing cervical spine pain radiating to the left shoulder and upper extremity. The patient was reported to have been treated with oral anti-inflammatory pain medication, 14 sessions of physical therapy for the shoulder and 2 sessions of physical therapy for the cervical spine. The patient was also reported to have received an injection to the cervical spine without much relief. On 03/12/10, Dr. reported that the Designated Doctor Evaluation dated 10/22/09 affirmed that a cervical herniation was part of the work injury. Dr. noted a diagnosis of cervical disc herniation at multiple levels and cervical radiculopathy over the left upper extremity. Dr. reported the patient had significant findings on an MRI of the cervical spine at C4-5 of disc osteophyte as mentioned in x-rays. Dr. also reported positive findings on an EMG at C6, C8 and T1 on the left side and clearly documented radiculopathy. Dr. further noted a discrepancy, as the MRI documents C4-5 disc protrusion with cord compression while the EMG notes C6 and C8 radiculopathy. Due to this discrepancy, Dr. recommended a CT myelogram of the cervical spine to determine whether surgical intervention is needed.

Dr. released the patient to work with restrictions to the left arm and shoulder as of 03/15/10.

A peer review noted on 04/06/10 that the patient has C4-5 3 mm herniated nucleus pulposus and supraspinatus tendinitis. The request for a cervical CT myelogram was to evaluate for herniated nucleus pulposus with neurocompression. The peer review determined that the myelography was not medically necessary.

**Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

The physical exam findings by Dr. clearly indicate that this patient is a surgical candidate. The patient has had prolonged pain and progressive weakness. Because of the discrepancy between the MRI and EMG findings, a CT myelogram is medically necessary and the most accurate method to determine the patient's condition. According to Official Disability Guidelines (ODG), a CT myelogram is indicated.

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

ODG: CT myelography is recommended for surgical planning and may be useful for preoperative planning. Myelography is the injection of radiopaque material into the spinal subarachnoid space, with x-rays then taken to define anatomy. It may be used as a pre-surgical diagnostic procedure to obtain accurate information of characteristics, location, and spatial relationships among soft tissue and bony structures. Myelography is an invasive procedure with complications including nausea, vomiting, headache, convulsion, arachnoiditis, CSF leakage, allergic reactions, bleeding, and infection. Therefore, myelography should only be considered when CT and MRI are unavailable, for morbidly obese patients or those who have undergone multiple operations, and when other tests prove non-diagnostic in the surgical candidate. The use of small needles and a less toxic, water-soluble, nonionic contrast is recommended. A CT Myelogram provides more detailed information

about relationships between neural elements and surrounding anatomy and is appropriate in patients with multiple prior operations or tumorous conditions.

Official Disability Guidelines (ODG), Online Edition

Bigos SJ, Perils, pitfalls, and accomplishments of guidelines for treatment of back problems, *Neurol Clin* 1999 Feb;17(1): 179-92

Colorado Division of Workers' Compensation, Medical Treatment Guidelines, Rule XVII, Cervical Spine Injury, 12/01/01. RULE XVII, EXHIBIT E