

Notice of Independent Review Decision

05/04/2010 - AMENDED 05/11/2010

DATE OF REVIEW:

05/04/2010 – Amended 05/11/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar CT/Myelogram scan

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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.

Lumbar CT/Myelogram scan is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 04/21/10 MCMC Referral
- 04/21/10 Notice to Utilization Review Agent of Assignment, DWC
- 04/21/10 Notice To, LLC Of Case Assignment, DWC
- 04/20/10 Confirmation Of Receipt Of A Request For A Review, DWC
- 04/15/10 Request For A Review By An Independent Review Organization
- 04/02/10 Adverse Determination Letter, LNN, IMO
- 03/23/10 letter from M.D., Spine Consultants
- 03/11/10 Adverse Determination Letter, LVN, IMO
- 03/08/10 Fax cover sheet with note from, Coordinator, Spine Consultants
- 02/25/10 addendum, M.D.
- 02/08/10 report from M.D.
- 12/28/09, 03/23/10 office notes, , M.D., Spine Consultants
- 12/16/09 MRI lumbar spine, Metropolitan Radiology
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female with history of three lumbar surgeries from a date of injury of xx/xx. The injured individual had an MRI in 12/2009 that showed stenosis at L3/4 which her neurosurgeon felt was a normal sequela of surgery. Her findings then were of dysesthesias in the bilateral legs, right more than left. He requested a CT/myelogram then to evaluate for pseudarthrosis. This was denied multiple times. The attending provider (AP) then wrote a letter in 03/2010 stating he wants the CT/myelogram to evaluate the thoracic spine for stenosis as a spinal cord stimulator (SCS) will be implanted there if no stenosis exists. The Independent Medical Exam (IME) reviewer wrote that the SCS was placed months earlier in 09/2009.

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

In December, the AP writes that he wants to determine if a pseudarthrosis exists. There is no flex/ext x-rays. The injured individual has only non discrete dysesthesias in both legs as her finding. Four months later the AP writes that he wants it as the injured individual had an SCS trial and he needs to know if the thoracic spine is patent enough to accept an SCS implant or if there is prohibitive stenosis. There is no documentation of a trial and no psychological evaluation confirming the injured individual was a candidate for the trial. Since his new rationale is completely different from his original rationale and only supplied as a reason for appeal with no supporting documentation provided of intervening treatment (SCS trial, psychological evaluation), it is not medically necessary. The AP request for a lumbar CT/myelogram will not show the T8-10 level in the thoracic spine where the SCS leads are typically placed. In addition, the IME reviewer wrote the injured individual had an SCS implanted in 09/2009 which further lacks corroboration with the requesting AP's appeal.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guidelines:

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 AHCPR 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)