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**DATE OF REVIEW:** 04/19/2010

**IRO CASE #:**

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

IRO - Lumbar Myelogram with CT

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

This case was reviewed by a Texas licensed MD, specializing in Neurological Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery  
 Neurological Surgery

**REVIEW OUTCOME:**

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
IRO - Lumbar Myelogram with CT	62284, 72132	-	Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request	TDI	14	03/30/2010	03/30/2010
2	Diagnostic Test	Medical Center	2	11/06/2009	11/06/2009
3	Diagnostic Test	Hospital	2	02/05/2010	02/05/2010
4	Op Report	Hospital	12	05/27/2009	08/05/2009
5	Office Visit Report	MD LTD	1	02/10/2010	02/10/2010
6	Office Visit Report	MD	9	05/11/2009	03/04/2010
7	Initial Denial Letter		6	02/25/2010	03/16/2010
8	IRO Request		2	03/23/2010	03/23/2010
9	Claim File		1	03/30/2010	03/30/2010
10	Claim File		1	03/30/2010	03/30/2010
11	IRO Record Receipt		4	03/29/2010	03/29/2010

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is xx/xx/xx. The patient was injured when he was picking up a heavy ramp on a trailer and had onset of right groin pain. The patient had two surgeries for inguinal hernias and right orchiectomy and later developed infection. The patient was noted to have developed lumbosacral pain with numbness, dyesthesia, and feeling of weakness after injury with symptoms aggravated by walking, standing, and activities. The claimant was treated conservatively with medications, activity modification and epidural steroid injection. The patient failed to improve, and on 08/05/09 he underwent right L3-4 and L4-5 laminectomies with decompression of right L3, L4 and L5 nerve roots. The patient continued to complain of severe pain over low back extending into right hip and right anterolateral thigh and calf, as well as pain over the inguinal area. MRI of the lumbar spine dated 11/06/09 reported a 5 mm broad based annular bulge at L4-5 with right sided disc space narrowing. Severe right foraminal narrowing and mild left foraminal narrowing is present at this level. A minimal annular disc bulge and disc desiccation was noted at L5-S1. At L3-4 there is mild annular bulge with mild bilateral medial facet joint overgrowth causing borderline central stenosis. The claimant was seen in follow-up on 01/18/10 and got no real help from right L4-5 epidural injection performed 12/11/09. The patient also got no benefit from iliohypogastric and ilioinguinal injections. MRI of the lumbar spine dated 02/05/10 reported postoperative changes at L4-5 as well as degenerative disc disease at L3-4. Progress note dated 02/18/10 noted the patient still has lumbar pain and some radicular pain in the right thigh and leg. Quadriceps strength is quite good. He does not have right foot drop. He has right antalgic gait. In addition to his lumbar problem he still has pain in right inguinal region. Recent MRI scan was noted to show some fibrosis in right L4-5 region with possible disc. The patient was recommended to undergo lumbar myelogram CT scan.

A preauthorization determination dated 02/25/10 denied request for lumbar myelogram with CT. The reviewer noted there is documented history of cervical intervention to L3-4 and L4-5 levels. The records available for review did not document any new changes on neurologic examination. The reviewer determined that ODG would not currently support request for myelogram and CT scan when there are no new changes documented on neurologic exam and when there are no documented concerns with respect to instability of the lumbar spine.

An appeal request was denied on 03/16/10. Reviewer noted the claimant reports recurrent right lower extremity radicular pain with loss of strength. A recent abnormal lumbar MRI scan with fibrosis on right at L4-5 and possible disc protrusion was noted. The patient was noted to have had recent epidural steroid injection without relief. The requesting provider recommended myelogram CT scan to determine if the claimant has root compression. However, the reviewer noted there were no deficits on examination outlined.

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

**Items in dispute:** Lumbar myelogram with CT

**Review outcome:** Upheld

**Analysis and explanation of decision:** Based on the clinical information provided for review, the request for lumbar myelogram with CT scan is not indicated as medically necessary. The patient is noted to have sustained lifting injury in xx/xx with onset of right groin pain. The patient subsequently underwent surgery x 2 for inguinal hernias as well as right orchiectomy and development of infection postoperatively. The patient also was noted to have developed lumbosacral pain. After failing course of conservative treatment, the patient underwent surgical intervention on 08/05/09 with right L3-5 decompressive hemilaminectomy and foraminotomies with decompression of right L3, L4 and L5 nerve roots. The patient continued to complain of low back pain and right lower extremity symptoms. MRI of the lumbar spine dated 02/05/10 revealed postoperative changes of right L4-5 laminectomy with probable scar tissue along the right posterior aspect of spinal canal adjacent to thecal sac. A fairly prominent broad based disc bulge appears to contact the right exiting nerve root and far lateral neural foramen at this level. The patient underwent repeat lumbar epidural steroid injection in 12/09 without benefit. The clinical data submitted for review with request for lumbar myelogram with CT reported no objective findings of motor or sensory deficits. Office note dated 02/18/10 reported the patient had quite good quad strength and no right foot drop. The patient did have right antalgic gait. On 03/04/10 the requesting provider noted the patient has loss of strength, but no objective findings of motor deficit were provided. ODG guidelines reflect that CT myelogram is okay if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. MRI in this case was available and had

appropriately identified the relevant pathology with no indication the findings were inconclusive. As such, medical necessity was not established, and previous denials are upheld on IRO.

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

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. (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)

- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES

**X 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)**

**TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS:** The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 04/19/2010.