

# Prime 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

May/11/2010

**IRO CASE #:**

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

Myelogram with Post Myelogram CT of the Lumbar Spine

**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**

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates: Low Back -- CT & CT Myelography (computed tomography)

10/28/08 EMG/NCV

10/30/08 Dr. office note

11/10/08 MRI Lumbar Spine

11/10/08 MRI Lumbar Spine: Second Opinion

12/11/08 Dr. office note

01/07/09 Procedure Note

Pain Clinic Worksheets: 01/30/09 through 05/04/09 (x4 visits)

05/04/09 Dr. office note

05/07/09 Dr. office note

07/06/09 Dr. office note

03/19/10 Dr. office note

03/22/10 Dr. Letter of Appeal :

03/26/10 Dr. Letter of Medical Necessity

03/29/10 Dr. office note

04/01/10 Peer Review – Dr.

04/06/10 Dr.– Letter of Appeal

04/13/10 Peer Review – Dr.

Dr. Peer Review Appeal: 04/02/09

Dr. Letter of Appeal 05/07/09

Designated Dr.: 08/11/09

#### **PATIENT CLINICAL HISTORY SUMMARY**

This male sustained a heavy lifting injury to his low back on with a documented diagnosis of low back pain and lumbar disc disease with right L4 to S1 radiculopathy. An EMG/NC study obtained on 10/28/08 revealed lumbar radiculopathy involving the right S1 nerve root. Provided documentation included a lumbar MRI obtained on 11/10/08 that was interpreted by a different radiologist. Dr. documented findings of an extremely subtle left paracentral disc protrusion and annular tear superimposed on spondylosis and annular disc bulging at L4-5 with mildly narrowed bilateral lateral recesses greatest on the left. The L4-5 and L5-S1 neural foramina were mildly narrowed bilaterally without compression of the exiting L4 or L5 nerve root sheaths. A second opinion interpretation completed by Dr. included findings of a broad disc bulge at L5-S1 in the epidural fat, a caudally extruded left focal disc herniation at L4-5 with stenosis of spinal canal and rostral left L5 lateral recess along with a broad L3-4 disc herniation with stenosis of spinal canal. Records provided by pain management from 01/30/09 through 05/04/09 revealed conservative treatment that included Norco, Soma and Neurontin as well as one epidural steroid injection that provided 90 percent symptoms relief with reported improved activity tolerance for 2 weeks. The claimant was evaluated by Dr. on 05/07/09 and determined to be at maximum medical improvement with a 5 percent whole person impairment rating. Office records completed by Dr. from 10/30/08 through 03/29/10 revealed complaints of continued low back and right lower extremity pain noted to be truly radicular with exam findings of restricted range of motion, a positive right straight leg raise and weakness in the right tibialis anterior. A requested high-quality lumbar MRI was denied. An evaluation completed by Dr. on 03/19/10 determined the claimant's condition was not stabilized but was likely to improve with additional surgical intervention and/or active medical treatment. On 03/29/10, Dr. noted that without an undated imaging study the recommendation for surgery could not be made. Authorization was requested to proceed with a lumbar myelogram and post myelogram CT scan.

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

The requested CT myelogram lumbar spine is medically necessary based on the ODG and a review of this medical record. This is a gentleman who has had back and radicular right leg complaints since an injury in xxxx. The medical record documents an October 2008, EMG with right S1 radiculopathy. There was an MRI of the lumbar spine documenting some degenerative changes, lower lumbar spine. There are multiple medical records from Dr. and Dr. that appear to document progressive neurologic change. The claimant has weakness and numbness which was not present previously. His treating practitioner has attempted to do an MRI which was denied. ODG Guidelines document the use of CT myelogram for patients who have progressive neurologic deficit following an injury. In this case, the claimant had an initial workup and began conservative care which seemed to improve his condition. He then developed increasing pain and radicular issues and new neurologic findings. In light of the new neurologic findings and the evidence that he has failed appropriate conservative care, the reviewer finds that medical necessity exists for Myelogram with Post Myelogram CT of the Lumbar Spine.

#### **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)