



**CLAIMS EVAL**

*Utilization Review and  
Peer Review Services*

Notice of Independent Review Decision-WC

**CLAIMS EVAL REVIEWER REPORT - WC**

**DATE OF REVIEW: 5-5-10**

**IRO CASE #:**

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

Lumbar myelogram with post CT scan

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

American Board of Neurological Surgery

**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)

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.

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

- 4-18-06 MRI of the lumbar spine.
- Physical therapy on 4-18-07, 4-25-07, 4-26-07, 5-1-07, 5-3-07, 5-7-07, 5-15-07, and 5-16-07.
- MD., office visits on 5-25-07., 8-18-08, 12-8-08, 3-23-09, 5-13-09, 6-26-09, 9-4-09, 10-14-09, 11-16-09, 1-27-10, 3-15-10, 3-30-10.
- 3-23-09 X-rays of the lumbar spine.
- 5-28-09 MRI of the lumbar spine.
- 2-23-10 Dr. performed a caudal epidural steroid injection at L4-L5 and an injection into the right shoulder.
- 3-26-10, MD., performed a Utilization Review.
- 3-30-10 MD., office visit.
- 4-12-10 EMG/MCS of the lower extremities performed by MD.
- 4-13-10 MD., provided an interim report.
- 4-14-10 Dr. provided an interim report.
- 4-14-10 MD., Utilization Review.

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

MRI of the lumbar spine dated 4-18-06 shows marked degeneration at L1-2 with an associated prominent concentric disc protrusion and mild bilateral lateral recess compromise. Degenerative disc changes at L2-3, L3-4 and L5-S1. Minimal discectomy scar about the left S1 nerve root at L5-S1. Facet osteoarthritis at L3-4 and L4-5.

The claimant underwent a course of physical therapy in 2007.

The claimant sought medical attention under the direction of MD. On xx/xx/xx, the claimant was seen for her injury. He noted the claimant still has some low back pain. She has a scar on her back from her previous lumbar laminectomy. She has no

substantial leg pain; most of the pain is in the back. She has had a previous laminectomy at the L5-S1 level. The MRI in the past has revealed disc degeneration and arthrosis of the lumbar spine. Diagnosis: Lumbosacral strain with pre-existing disc degeneration and arthrosis. The evaluator recommended a continued exercise program. She states that therapy did not help her left shoulder and the evaluator, therefore, recommended she discontinue formal therapy for the left shoulder and maintain a home exercise program. The claimant also notes that when she takes a deep breath, she gets some pain along the rib cage. She does have upper back pain. She has no anterior chest pain. The evaluator asked her to see her family physician for a pulmonary exam because of the pain on deep breaths. She says she has a history of a partially collapsed lung in the past. At the present time, she has been laid off, as of March 2007. The evaluator released the claimant to a light work status; no job has been made available to the claimant. The evaluator reported the claimant also has injuries that stem from an injury, including left ankle pain that has resolved, right knee pain that had a previous MRI in April 2006 showing a torn medial meniscus, and an injury to the right hip. She has had previous total hip replacement by Dr. In the past, I have talked to the claimant about arthroscopy of the right knee. She does not wish to proceed with that, since she has not had substantial pain. She has no buckling, locking or giving away.

X-rays of the lumbar spine dated 3-23-09 showed degenerative disc disease most pronounced at L1-L2 and L5-S1 with lesser degrees at L3-L4 and L4-L5. Degenerative anterolisthesis of L4-L5, which increases upon flexion. There is facet arthrosis.

MRI of the lumbar spine dated 5-28-09 showed Degenerative changes. Facet degeneration at L3-4 and L4-5. Disk bulging and degenerative changes as well as hypertrophic changes are resulting into moderate focal stenoses at L3-4 and L4-5. Grade 1 spondylolisthesis at L4-5. Postoperative changes at L5-S1. Left lateral disk protrusion at L4-5 and degenerative spurring at L5-S1 causing left foraminal compromise.

MD., reported the claimant is a right-handed woman with right shoulder, low back and left knee pain. She reports she fell 3 days ago at home and injured her right shoulder, back and knee. She notes intermittent pain in her shoulder which is worse with movement. She notes some stiffness. She also notes pain in her lower back which radiates toward her left leg into her calf. She reports no numbness or tingling. She also notes pain in her left knee. She is currently in a wheelchair due to having a left ankle fracture. Dr. is managing her ankle fracture. The evaluator ordered x-rays of the right shoulder, lumbar spine and left knee, which showed no abnormality. The evaluator recommended observation for the ankle fracture.

Follow up with Dr. on 1-27-10 notes the claimant is a female who is seen in my office because of persistent low back pain from an injury that happened. She says the pain is constant and it goes in both legs. She gets numbness and tingling in both legs down to both feet. She rates the pain as 9/10. She also says that the weakness in her lower

back causes her to use a walker. She has had some physical therapy on her back and it has helped. She has been communicating with her workers' compensation adjustor and has now had six more treatments of physical therapy approved. She says the ESI has also been approved. When the evaluator asked her where it hurts in her foot she says "my whole foot." She says on the left it starts in the little toe and gradually goes to all the toes except the big toe. On exam, she has no reflexes. Her calf is non-tender, Homans sign is negative. Pulses are intact. She has no skin lesions. She has good range of motion of the hip and the knee. She can dorsiflex and plantar flex. Quads and iliopsoas are intact.

On 2-23-10, Dr. performed a caudal epidural steroid injection at L4-L5 and an injection into the right shoulder.

On 3-15-10, Dr. reported the claimant underwent a lumbar epidural steroid injection at L4-L5 on 2-23-10. The claimant reported the right leg pain improved by 50% and the left leg pain only by 20%. She has had no change in her back pain. It was noted the claimant is under the care of a urologist. The claimant had a prior lumbar laminectomy in 1990 at L5-S1" according to the claimant. On exam, the claimant is overweight. She has some weakness of EHL bilaterally at 4/5. The evaluator felt the claimant had spinal stenosis with persistent weakness and numbness. The claimant has bladder dysfunction which may be related to the lumbar spine as well. The evaluator recommended a lumbar myelogram and post CT scan.

On 3-26-10, MD., performed a Utilization Review. The evaluator reported that there are numerous clinical exams regarding her spine. There is not one document which documents a true radiculopathy nor is there documentation of symptoms of a true radiculopathy. There is no recent electromyography (EMG) of lower extremity to support any radiculopathy. The MRI does demonstrate degenerative disease and moderate stenosis. There is a grade 1 spondylolisthesis at L4-5, which is consistent with degenerative disease etiology. There is mention of left foraminal stenosis. She had a greater response on the right side from the epidural steroid injection. The current request is for CT myelogram. According to the ODG criteria below, the claimant does not meet the criteria. In addition, in the references cited CT myelogram is most useful for determination of lateral recess or foraminal stenosis. With her multiple medical issues, there is more risk with myelography. There is no indication on exam or within ODG criteria of the need for CT myelography. Therefore, the request is not indicated.

On 3-30-10, the claimant was seen by MD., for complaints of the right shoulder pain. It was noted the claimant has a past history of sleep apnea, high blood pressure, and arthritis.

On 3-30-10, Dr. reported that the claimant has not had an EMG performed for approximately nineteen months. Therefore, he recommended the claimant undergo electromyographic studies of bilateral lower extremities for assessment of lumbar radiculopathy. The claimant continues to have back and left leg pain with tingling in the left foot. She also has back and right leg pain down to the right foot. The MRI of the

lumbar spine performed on May 28, 2009, was consistent with facet degeneration at L3-4 and L4-5, which is related to enlargement of the facets and osteoarthritis. There were also hypertrophic changes and "moderate focal stenosis at L3-4 and L4-5." Her previous surgery was at the L5-S1 level, where postoperative changes were noted. There was also a herniated nucleus pulposus at L4-5, more toward the left, and foraminal compromise at L5-S1. The reason for the myelogram and the post-myelographic CT scan is to further evaluate her spinal stenosis and the foraminal stenosis. The evaluator therefore, disagrees with the opinion of Dr. Lisa Cannada. However, the evaluator could understand her rationale that a new EMG would be warranted, since the old one is almost two years old. Therefore, the evaluator recommended electromyographic studies of the bilateral lower extremities.

EMG/MCS of the lower extremities performed by MD., dated 4-12-10 showed left L5 radiculopathy with signs of active denervation on needle exam. There is also evidence of a subacute right L5-S1 radiculopathy with evidence of ongoing denervation as well.

4-13-10 MD., provided an interim report noting that the EMG done on 4-12-10 clearly showed a lumbar radiculopathy.

On 4-14-10, Dr. provided an interim report. He noted that he tried to contact Dr. to perform a Peer to Peer, but was not able to contact the physician. The evaluator reported he never got the option of talking to Dr., since she did not return the phone call.

On 4-14-10, MD., performed a Utilization Review. It was her opinion that based on the submitted documentation, the CT myelogram is not medically necessary. According to the ODG criteria, "Low Back" chapter, a CT myelogram may be indicated when the MRI is inconclusive, unavailable, or contraindicated. There is no evidence that it is any of these. Also, a CT myelogram can be obtained for preoperative surgical planning. However, it is unclear, based on reasons discussed above, that the claimant is considering surgery. Without further insight into this the CT myelogram is not medically necessary based on the submitted documentation.

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

MEDICAL RECORDS REFLECT A CLAIMANT WITH COMPLAINTS OF LOW BACK PAIN WITH CONSTANT RADIATING PAIN INTO BOTH LEGS RADIATING DOWN BOTH FEET. A NEW META ANALYSIS OF RANDOMIZED TRIALS FINDS NO BENEFIT TO ROUTINE LUMBAR IMAGING FOR LOW BACK PAIN WITHOUT INDICATIONS OF SERIOUS UNDERLYING CONDITIONS. THERE IS AN ABSENCE IN DOCUMENTATION NOTING THE CLAIMANT HAS SERIOUS UNDERLYING CONDITION THAT WOULD REQUIRE ADDITIONAL INVASIVE TESTING SUCH AS A CT POST MYELOGRAM. THE REQUEST DOES NOT MEET ODG CRITERIA. THEREFORE, A MYELOGRAM OF THE LUMBAR SPINE AND POST CT SCAN IS NOT REASONABLE OR MEDICALLY INDICATED.

**ODG-TWC, last update 4-27-10 Occupational Disorders of the Low Back – CT Myelogram:** 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)

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

- 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
- 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)