INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 09/27/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAPHY, SPINAL (OTHER THAN C1-C2 AND POSTERIOR FOSSA) RECONSIDERTATION REQUEST RECEIPT DATE: 08/16/2010

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 06/16/10 - MRI Lumbar Spine
2. 07/12/10 - Clinical Note - Chiropractic
3. 07/19/10 - Clinical Note - MD
4. 08/11/10 – Preauthorization Request
5. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx when he lifted a pallet and felt a sharp pain to the low back and into the right leg.

An MRI of the lumbar spine performed 06/16/10 demonstrated normal findings.

The employee was seen for evaluation on 07/12/10 with complaints of severe neck and low back pain. The employee rated the pain at 7 out of 10 on the visual analog scale. The pain worsened with prolonged standing and forward bending.

The employee stated the low back pain radiated into the right leg and foot. The employee also reported numbness and tingling into the left arm into the hand. Physical examination revealed positive Jackson's Compress, producing pain in the low back around L3 to L5. There was tenderness and trigger points to palpation of the trapezius. There was tenderness along the spinous processes of C5 to C7. Motion palpation reveals articular fixation at occiput to C2 and C6-C7. There was bilateral weakness during resisted shoulder abductors. Cervical range of motion was decreased in all directions. Examination of the thoracolumbar spine reveals moderate hyper tonicity and stiffness of the thoracolumbar paraspinal musculature. Trigger points were noted in the quadrants lumborum muscles bilaterally. Lumbar range of motion was decreased with pain. The employee was assessed with lumbalgia, cervicalgia, neuralgia, paresthesia, muscle weakness, muscle spasm, SI segment dysfunction, lumbar segment dysfunction, cervical segment dysfunction, and thoracic segment dysfunction. The employee was recommended for 7 to 8 chiropractic sessions.

The employee saw Dr. on 07/18/10 with complaints of back and left leg pain. The employee reported improvement from physical therapy. Physical examination revealed lumbar flexion to 90 degrees, extension to 20 degrees with pain, and lateral bend to 60 degrees bilaterally with pain. Range of motion of the lower extremities was noted to be normal. There was full strength of the lower extremities. Reflexes were normal. Sensory examination of the lower extremities was normal. Straight leg raise was negative bilaterally. The employee was assessed with degenerative disc and joint disease of the lumbar spine with back and leg pain. The employee was recommended for CT myelogram and radiographs to rule out occult L5 pars fracture.

The request for injection procedure for myelography and/or computer tomography, spinal (other than C1-C1 and posterior fossa) was denied on 07/23/10 due to CT myelogram not being indicated with a negative MRI per ***Official Disability Guidelines***.

The request for injection procedure for myelography and/or computer tomography, spinal (other than C1-C1 and posterior fossa) was denied on 08/17/10 due to normal MRI, negative physical examination, and no signs of radiculopathy.

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

The clinical documentation provided for review does not support the request for INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAPHY, SPINAL (OTHER THAN C1-C2 AND POSTERIOR FOSSA) RECONSIDERTATION REQUEST RECEIPT DATE: 08/16/2010. The employee has unremarkable MRI studies with no pathology present. On examination the employee does not exhibit any evidence of lumbar radiculopathy or myelopathy that would warrant further imaging. Additionally, guidelines indicate that MRI studies are the gold standard diagnostic testing for low back complaints and CT studies are only indicated in cases where MRI studies are contra-indicated.

As there is no documentation supporting the use of INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAPHY, SPINAL (OTHER THAN C1-C2 AND POSTERIOR FOSSA) RECONSIDERTATION REQUEST RECEIPT DATE: 08/16/2010 in this case, the request would not be medically necessary.

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

Official Disability Guidelines, Online Version, Low Back Chapter