

SENT VIA EMAIL OR FAX ON  
Sep/08/2010

## P-IRO Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/08/2010

**IRO CASE #:**

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

Lumbar Myelogram with post CT scan

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

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**

OD Guidelines

08/17/07 MRI lumbar spine-negative

09/14/07 Electromyography-

01/23/08 MD, anesthesiology, OV:

04/01/08 Lumbar spine myelogram

04/01/08 CT lumbar spine with contrast-

06/05/08 MD, OV:

07/18/08 Psychological testing-

03/26/09 MD, OV,

09/17/09 MD, hand written OV:

11/19/09 MD, hand written, OV:

04/29/10 MD, OV:

07/22/10 MD, OV:

08/13/10 MD, ortho, peer review,

08/20/10 Dr., requesting the

08/25/10 MD, ortho, peer review-,

**PATIENT CLINICAL HISTORY SUMMARY**

This is a female with complaints of back and leg pain. The MRI of the lumbar spine from 08/17/07 was unremarkable. The 09/14/07 electromyography showed evidence of mildly chronic reinnervation process that involved the distal left L4, left L5 and bilateral S1 myotomes. These findings along with late study abnormalities were consistent with the following: bilateral S1 radiculopathy right greater than left. Left L5 radiculopathy and left L4 radiculopathy was reported. There was evidence suggestive of bilateral sensory neuropathy. The 04/01/08 lumbar spine myelogram showed minimal diffuse disc bulge at L3-4 without evidence for significant canal stenosis. The CT of the lumbar spine, dated 04/01/08, revealed

mild diffuse disc bulges at L3-4 and L4-5 with minimal narrowing at the lateral recesses at these levels. There were minimal hypertrophic changes with the facet joints at L5-S1 causing very minimal narrowing at both lateral recesses at this level. The 07/18/08 psychological testing deemed the claimant an appropriate candidate for a discogram and spinal surgery.

Several hand-written office notes of Dr.'s were provided and were mostly illegible. The 07/22/10 office note documented that the claimant had back and leg pain treated with facet injections and physical therapy. Dr. stated that the MRI showed evidence of sclerosis of L4-5 and L5-S1 facets which were likely the pain generators. Examination revealed intact motor to the lower extremities and decreased sensation to the right calf and foot in the L5 dermatome. Diagnosis was mechanical back pain secondary to facet arthrosis L4-5 and L5-S1. A CT myelogram was recommended for surgical planning.

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

The requested CT myelogram would appear reasonable based on the information provided.

The claimant reports continued right leg pain. This is noted in the presence of left sided radiculopathy at L4-5 and bilateral radiculopathy at S1 according to electrodiagnostic studies. However, a previous old lumbar myelogram of 04/08 did not show corresponding neurocompressive pathology. The examination reportedly shows diminished sensation of the right calf and foot at the L5 dermatome. The claimant's previous diagnostic studies and physical examination do not all correlate and a new CT myelogram could help to determine if the claimant has significant neurocompressive pathology at other levels to explain the abnormalities on prior electrodiagnostic testing. This would help to clarify the levels to address for the apparent impending surgical procedure.

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, chapter low back, CT and CT myelography

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**