

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CT myelogram of cervical spine and CT spine without contrast 72125 72240

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

MD, Board Certified in 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Managed Care, Adverse Determination Notices, 6/24/10, 6/30/10

Neurosurgery & Spine Care, 4/28/08- 6/30/10

M.D. 10/19/09

Medical Center, 10/15/08

Operative Report, 4/21/09

M.D. 6/5/10

Medical Center, 11/20/07

Imaging, 9/18/09

ODG, Neck and Upper Back, Computed tomography, Myelography

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female with a date of injury xx/xx/xx, when stacking boxes weighing approximately 30 pounds. She is status post C3-C4 and C4-C6 ACDF with plating, revision fusion from C4-C5 through C5-C7 with plating on 01/30/2007 with revision of cervical fusion and bone grafting and plating of the C6-C7 region of unspecified date, and redo ACDF at C6-7 on 04/21/2009. She complains of severe neck and left greater than right arm symptoms. She also complains of left arm and hand numbness. She underwent physical therapy after the most recent surgery. Recent MRI shows a ventral bone spur at C3-C4 with some impingement of the central cord but no compression. A CT myelogram is requested to make certain there are no abnormalities to account for her present symptoms.

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

The CT myelogram of the cervical spine is not medically necessary. According to the ODG, a myelogram is indicated when MRI is not available, contraindicated, or inconclusive, or when it is being performed for preoperative planning. In this case, no deficits are noted that would warrant further imaging, and it does not appear that the patient is a surgical candidate or that the imaging is inconclusive. For these reasons, then, the reviewer finds that CT myelogram of cervical spine and CT spine without contrast 72125 72240 is not medically necessary.

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)