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**Notice of Independent Review Decision
AMENDED REPORT 9/16/2010**

DATE OF REVIEW: 9/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a lumbar myelogram with CT scan, lateral flexion / extension lumbar spine x-ray.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. This reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of a lumbar myelogram with CT scan, lateral flexion / extension lumbar spine x-ray.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: and, MD

These records consist of the following (duplicate records are only listed from one source):

Records reviewed from: , MD Pre-Auth Request – 7/14/10 & 8/3/10, Office Notes – 3/10/08-7/26/10;, MD Radiology Report – 3/10/08;, MD MRI report – 2/19/07, CT Scan report – 2/13/06, Limited CT Scan report – 7/13/05; MD Radiology report – 9/22/05;, MD CT Scan report – 9/22/05; Radiology report – 9/20/05; Denial Letter – 7/20/10, 8/10/10, & 8/26/10; and, MD RME Report – 8/27/08.

Records reviewed from, MD: (all duplicates from) A copy of the ODG was not

provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant (status post prior lumbar PLIF and anterior interbody fusion at L4-5 and L5-S1) has been documented (letter of appeal dated 7/26/10) to have severe mechanical back pain with bilateral leg radiation. Stenosis at L3-4 and a grade 1 spondylolisthesis have been previously denoted on MRI. The claimant has been under chronic pain management and is being worked up for possible pseudarthrosis, recurrent disc herniation with radiculopathy, stenosis and/or fibrosis. Plantar flexion and dorsiflexion weakness have been previously noted. Decreased DTR's and hypoalgesia have also been noted. Denial letters denoted a rationale that there had not been a recent MRI.

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

With recurrent sciatica and a neurologic deficit, the applicable ODGuidelines do indeed support a CT-myelogram. The Attending Physician has presented a reasonable differential diagnosis and medical vs. surgical treatment may well be materially affected by the results of a CT-myelogram. A CT-myelogram need not be predicated on a recent MRI and is a reasonable diagnostic combination towards being able to determine one of the diagnoses including HNP with nerve root impingement, pseudarthrosis, fibrosis and/or stenosis.

ODG - CT & CT Myelography (computed tomography): Not recommended except for indications below for CT. CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. 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. 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. 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. 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.

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

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)