

SENT VIA EMAIL OR FAX ON
Apr/08/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/08/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar CT Myelogram

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

Board Certified Orthopedic 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

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. The records indicate the injured employee felt a pop in his low back. The injured employee experienced low back pain and lower extremity weakness. MRI of the lumbar spine was performed on 06/07/10 and was noted to reveal a moderately large central to left sided disc herniation at L5-S1 with material extending 7mm beyond the cortical margin of the left lateral recess. There is compromise of the left lateral recess and moderate compromise of the right lateral recess and moderate compromise of the neural foramen bilaterally. At the L4-5 level there is a 5mm central disc herniation with neural foramina moderately compromised due to lateralizing disc material with compression of the exiting L4 nerve root ganglion. The injured employee has been treated with physical therapy as well as epidural steroid injection. The injured employee has also undergone cognitive/behavioral therapy and chronic pain management program. The injured employee was seen for ortho spine consult with Dr. on 6/18/10, with follow up on 08/13/10. The injured employee was not recommended to undergo surgical intervention but rather to continue with conservative care. The injured employee most recently was seen in follow up by Dr. on 01/17/11 with chief complaint of low back pain. Treatment was noted to have included multiple medications, 22 sessions of physical therapy as well as two weeks of work hardening. The injured employee had lumbar injection on 07/08/10. On examination the injured employee was reported to be 70 inches tall and 235 pounds. Neurologic exam reported no focal deficits. Sensation was intact with normal reflexes, coordination, muscle strength and tone; except for numbness to light touch in the right lateral thigh and calf.

Range of motion of the lumbosacral spine reported forward flexion 60 degrees, hyperextension 25 degrees. Sitting straight leg raise was positive on the right at 40 degrees, negative on the left. Contralateral straight leg raise was negative bilaterally. The injured employee demonstrated normal heel and toe walking bilaterally. Lumbosacral x-rays performed on this date were noted to show mild to moderate narrowing at L5-S1, with no instability on flexion extension. Previous lumbar MRI films dated 06/07/10 were noted to show severe disc desiccation at L4-5 and L5-S1 with bilateral recess narrowing as well as a left paracentral bulge at each level. The injured employee was recommended to undergo lumbar myelogram/CT.

A utilization review was performed by Dr. on 02/01/11 regarding request for lumbar CT myelogram. Dr. determined the request to be non-certified. He noted that the injured employee has ongoing back pain radiating to the right leg. Exam revealed numbness to light touch on the lateral calf. The injured employee has received epidural steroid injection in the past. Prior MRI was done in 06/10, which was abnormal. Dr. noted that MRI is the preferred non-invasive test to detect radiculopathy or myelopathy. CT myelogram is recommended if MRI is contraindicated or not available. Dr. noted there was no evidence of any new findings or progression of deficits to justify the test.

A reconsideration/appeal request for lumbar CT myelogram was reviewed by Dr. on 03/14/11. Dr. determined medical necessity was non-certified. Dr. noted previous MRI done on 06/17/10 demonstrated significant lumbar pathology. A clinic note from Dr. on 01/17/11 noted normal gait and stance, mild, decreased ranges of motion, positive straight leg raise on right at 40 degrees, and normal neurologic exam with exception of loss of sensation to light touch in right thigh and calf. Dr. noted previous report from Dr. on 06/18/10 is similar to the 01/17/11 findings. Progressive neurologic deficit is not evident. Rationale for diagnostic study and how it would change treatment recommendations is not clear. Dr. noted there was limited documentation to support clinical indication, utilization, or medical justification for the requested service as CT myelogram is only recommended when MRI is not available or inconclusive.

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

Based on the clinical information provided, medical necessity is not established for lumbar CT myelogram. The patient is noted to have sustained an injury to low back on xx/xx/xx. MRI of lumbar spine was obtained on 06/07/10 and revealed disc pathology at L4-5 and L5-S1. The

patient underwent extensive treatment including physical therapy, epidural steroid injection, work hardening, and chronic pain management program. The patient was seen in orthopedic spinal consultation by Dr. on 06/18/10 and 08/13/10 and was not recommended to undergo surgical intervention. The patient most recently was seen by Dr. on 01/17/11 with chief complaint of low back pain. Examination findings at that time revealed no evidence of significant change in clinical condition or progression of neurologic deficit. Lumbar x-rays were performed on this date and showed mild to moderate narrowing at L5-S1, with no instability on flexion / extension views. ODG guidelines reflect that CT myelogram is not recommended, except for indications specified. CT myelogram may be okay if MRI is unavailable, contraindicated, or inconclusive. In this case, none of the criteria for CT myelogram were met. The previous determinations of non-certification for lumbar CT myelogram were correct and are upheld by IRO.

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