

# Wren Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Apr/15/2011

**IRO CASE #:**

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

Lumbar Myelogram with CT scan and Cervical Myelogram with CT scan

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

MD, Board Certified Neurosurgeon

**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**

Official Disability Guidelines, Neck & Upper Back, Myelography  
Insurer 1/19/11, 2/2/11  
M.D 11/8/10 to 1/10/11  
Hospital 9/16/10 to 12/13/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a XX year-old male with a date of injury XX/XX/XXXX, when he slipped and fell and heavy equipment rolled over his lower extremity and injured his neck and back. He complains of severe neck and bilateral shoulder pain, with numbness, dysesthesias, and weakness in all 4 extremities. He does have a Lhermitte's phenomenon with range of motion of the neck. He has undergone physical therapy and is on pain medications. His neurological examination 11/08/2010 shows trace reflexes in the upper extremities. An MRI of the lumbar spine 9/16/2010 shows at L3-L4 minimal broad-based disc bulge with some encroachment of the neuroforamina bilaterally. At L4-L5 there is a mild broad-based disc bulge with mild central canal narrowing and mild bilateral neuroforaminal stenosis, slightly worse on the left. An MRI of the cervical spine 12/13/2010 shows mild to moderate congenital spinal canal stenosis from C3-C6. There is no significant neuroforaminal narrowing. The provider is requesting a lumbar and cervical myelogram with CT.

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

The reviewer finds Lumbar Myelogram with CT scan and Cervical Myelogram with CT scan

are not medically necessary. There is no indication that there is any ambiguity regarding the MRI findings or that the patient is a surgical candidate and requires surgical planning. Therefore the myelograms are not medically necessary as per the ODG.

**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)