Notice of Independent Review Decision

DATE OF REVIEW: 8/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of a lumbar myelogram with post CT scan (72265, 62284, 72100, 77003, 72132).

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. The 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 agrees with the previous adverse determination regarding the prospective medical necessity of a lumbar myelogram with post CT scan (72265, 62284, 72100, 77003, 72132).

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:
Healthcare, Injured Employee, MD, and .

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Healthcare: Denial Letters – 6/30/11 & 7/25/11; Utilization Review Referral – 6/27/11; Resubmission Utilization Review Referral – 6/27/11; Memorial MRI & Diagnostic Scheduling request – undated;, MD Patient Re-evaluation Form – 6/21/11, Office Note – 4/12/11; Hospital MRI Thoracic

Spine – 1/28/11; Radiology Assoc lumbar MRI – 9/20/10; Diagnostic Lumbar MRI – 12/17/09

Records reviewed from Injured Employee: Injury Status email – 8/9/11.

Records reviewed from MD: Patient Re-Evaluation Forms – 5/10/11-7/19/11; Injury Center Initial Consultation – 3/23/11; Hospital Thoracic x-ray report – 12/8/10, and MRI Cervical Spine – 1/28/11.

Records reviewed from: Various
Documentation – 12/4/09-5/19/10; Injured Employee handwritten letter – undated x2; DC Authorization For Absense – 11/13/09; Joint & Spine Center Pain Rating Questionnaire– 11/13/09, Office Visit Receipt – 11/13/09-11/16/09, Letter – 6/8/10; Nova Initial Eval – 11/24/09; various DWC 73; DWC 6; DWC 3; Spine & Rehabilitation Center Initial Eval – 12/3/09, PT SOAP Notes – 12/16/09-2/11/10, Initial Exam Notes – 12/2/09-2/10/10; Diagnostic CT report – 12/28/09; -Misir, MD DDE reports – 2/4/10, 4/8/10, 9/30/10; MPT PT Reassessment – 2/11/10; Surgery Center of the Operative Report – 3/1/10, Patient Satisfaction Survey – 3/1/10; MD Office Visit Note – 3/4/10; Sports Medicine Center Office Notes – 1/4/10-3/12/10; DWC 69 – 4/8/10; & Assoc. Environmental Intervention report – 5/3/10; Daily Office Notes – 4/5/10-6/3/10; Denial letter – 2/23/10, Approval Letter – 1/8/10; Medical Clinic Patient Progress Note – 10/3/09; Diagnostic CT and IV Contrast History & Screening Form – 12/28/09; Chronic Pain Recovery Center – 3/22/10; MD EMG Report – 3/4/10; & Assoc Repeat Diagnostic Interview – 5/3/10; Law Office letter – 5/26/10; Hospital Misc Forms – 5/31/10-6/2/10, X-ray report – 6/1/10; Chronic Pain Recovery Center reports – 3/22/10 & 5/3/10; Orthopaedic Center notes – 8/24/10-7/23/10; MD X-ray reports – 5/31/10 & 6/1/10, and CT Report – 6/1/10.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:
The 8/9/11 dated claimant appeal letter was reviewed. Attending Physician notes (including from 7/19/11 and 6/21/11) were reviewed. The claimant has had back pain after being “tourqued” by a rope. This has been associated with numbness of the great toes and decreased lumbar motion. A “flat affect” was also noted by the Attending Physician. A chiropractic noted provided (on 3/23/11), reported a bilateral + SLR and weakness of the bilateral EHLs, along with decreased sensation in the L5-S1 distribution. A lumbar MRI dated 9/20/10 revealed degenerative changes. A T7-8 disc protrusion with slight ventral cord impingement was noted on an MRI dated 1/28/11. A 6/8/10 dated report discussed a disc bulge at L4-5 or L5-S1, on a prior MRI dated 12/17/09. Denial letters noted the lack of legibility of recent records and/or lack of progressive neurological disorder.

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

With evidence from two prior MRIs available and lacking documentation of any severe and/or progressive neurological abnormalities; applicable ODG criteria for a CT-myelogram have not been met. Therefore, the proposed request is not medically necessary at this time.

ODG Lumbar Spine: Indications for 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-ray
-Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989)
Indications for Myelography
-Recommended as an option. Myelography OK if MRI unavailable. (Bigos, 1999)

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)**