

SENT VIA EMAIL OR FAX ON
Aug/10/2011

True Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/10/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar Myelogram with CT

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
OD Guidelines

1. Cover sheet and working documents
2. Operative note dated 06/20/01 for Percutaneous placement of spinal cord stimulator electrode
3. Operative report dated 09/04/01 for implantation of spinal cord stimulator leads x 2 with synergy generator system
4. Spinal cord stimulator implant orders dated 09/04/01
5. Follow-up visits Dr. dated 08/27/08-12/30/08
6. Lumbar myelogram dated 10/02/08
7. Post lumbar myelogram CT dated 10/02/08
8. CT lumbar spine dated 04/07/11
9. Clinic note Dr. dated 06/20/11
10. Utilization review for request lumbar myelogram with CT dated 07/05/11
11. Utilization review for appeal request lumbar myelogram with CT dated 07/13/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is male who is status post dorsal column stimulator placement on 06/20/01. He's reported to have low back pain radiating to the bilateral lower extremities on xx/xx/xx the claimant underwent permanent implantation of a dorsal column stimulator. Records indicate that the claimant has undergone a lumbar myelogram on 10/02/08. This study notes no abnormal movement detected at the level of L5-S1. There is upper normal limits of movement of L4 relative to L5 without canal stenosis. The CT notes that the claimant's L5-S1 fusion appears to be solid with no canal stenosis and some mild foraminal narrowing. At L4-5 there's some mild foraminal narrowing with a low potential for irritation of the exiting left L4 nerve root. This is accentuated by a small amount of movement of L4 relative to L5. There's an L3-4 disc bulge without focal disc herniation or mass effect upon the descending nor exiting nerve root sleeves. A CT of the lumbar spine was performed on 04/07/11 this study notes bulging disc with findings of spinal stenosis at L4-5 and probably slightly more severe at L3-4 there's a 5mm hyperdense region in the lower pole of the right kidney which could represent early stone formation. On 06/20/11 the claimant was seen by Dr. It's noted that on the date of injury the claimant slipped on some antifreeze landing on his buttocks. He underwent lumbar laminectomy in the area in xxxx and then a year later he underwent further lumbar surgery which included a fusion procedure. He's reported to have been able to work intermittently since that time but has been getting worse. 10 years ago he had placement of a spinal cord stimulator. He states the battery is non-functional and he needs a new battery. He was also told by the Medtronic rep that he probably needed a new stimulator and leads. It's reported his pain has gotten much worse with increasingly severe lumbar pain and bilateral radiating hip and leg pain with numbness and dysesthesias weakness in the legs particularly in the left side. He reports several studies years ago that showed a herniated disc with constriction of the lumbar spine no recent studies have been done. He's taking Hydrocodone 10mg as well as ibuprofen. It's noted the lumbar myelogram three years ago showed problems at L3-4 and L4-5 with some stenosis centrally root constriction and possible abnormal motion at the L4-5 level. On physical examination he's noted to be 5'9" tall and weighs 196 pounds he has a well healed lower thoracic laminectomy incision a lumbar incision with deviation to the lower portion of his incision to the left for fusion material he also has a left posterior iliac placement of a generator battery. He has limited mobility of the low back he has paralumbar muscular tightness with a loss of lumbar lordosis he walks with a flexed posture at the low back with tenderness over both sciatic outlets straight leg raise is positive bilaterally at between 45 and 60 degrees. He has some difficulty with toe standing and heel standing bilaterally. He has no pathologic reflexes. There is some decreased sensation down the lateral aspects of both legs into both feet. He subsequently was recommended to undergo lumbar myelogram and CT scan for further investigation regarding surgery.

On 07/05/11 the request was reviewed by Dr. Dr. reports the claimant has had a prior myelogram CT scan which did not show any significant nerve root entrapment or spinal stenosis. He notes the claimant has a dysfunctional spinal cord stimulator but whether it was helpful or not was not adequately discussed. He reported the need for another myelogram CT scan is not validated as the patient does not appear to have objective new neurologic change that would be related to xxxx work injury.

The subsequent appeal request was reviewed on 07/13/11 by Dr. Dr. reported the request for lumbar myelogram with CT is not certified. He noted the documentation submitted for review elaborates the patient complaining of ongoing low back pain. He noted that current evidence based guidelines recommends CT myelogram provided the claimant meets specific criteria. He noted there is no documentation submitted for review regarding the claimant's recent spinal trauma, myelopathy or plain x-rays. He noted given the lack of this information, this request does not meet guideline recommendations and non-certified the request.

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

The request for lumbar myelogram with CT is not supported by the submitted clinical information. The available medical records indicate the claimant has a postlaminectomy syndrome with indwelling dorsal column stimulator. At present, the dorsal column stimulator is not functional. The record does not provide serial information indicating the claimant has a

progressive neurologic deficit which would warrant re-imaging. It is noted that the claimant has previously undergone lumbar myelogram on 10/02/08 with subsequent repeat CT of lumbar spine on 04/07/11. This study clearly would be adequate for surgical planning if intended. There is no indication that performance of CT myelography would provide any greater information than the most recent CT scan. Based on totality of the clinical information, and noting that the claimant does not have documentation of progressive neurologic deficit or clear indications for further surgical intervention, the request would not be supported by ODG, and the previous determinations are upheld.

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)