



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 08/06/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar myelogram

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spine problems

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Sforms
2. referral forms
3. Denial letters, 06/21/11, 07/05/11, and 07/07/11
4. Carrier records
5. MRIOA initial perspective review, 06/21/11
6. Appeal perspective review, 07/07/11
7. Preauthorization review, 05/18/11
8. Clinical notes, Dr. eighteen entries between 02/26/09 and 06/29/11
9. MRI scan of lumbar spine, 05/16/11
10. X-ray report, lumbar spines, 04/21/11, with obliques and flexion/extension laterals
11. Preauthorization request, undated
12. Psychological evaluation, 06/03/11 and 06/05/11
13. Operative report, 04/13/11, removal of bone growth stimulator battery
14. History and physical examination, 04/13/11
15. Evaluation for MMI and IR D.C., 02/17/11

16. Fax cover, 06/09/11
17. Physician records
18. Fax cover, 07/22/11
19. X-ray report, lumbosacral spines, 09/23/11
20. Physical therapy outpatient discharge summary, 04/19/10, P.T., and 07/07/09, P.T.
21. Physical therapy outpatient spinal evaluations, 04/05/10 and 03/05/09
22. Physical therapy outpatient spine reassessments, 04/27/09, 04/03/09
23. Discharge summary, Hospital for admission, 01/05/10 through 01/07/10
24. Psychological treatment summary, six entries between 09/30/09 and 11/04/09
25. RHL clinical notes, six entries between 07/06/09 and 11/23/09
26. Psychological evaluation, 09/11/09 through 09/16/09
27. IME, 11/18/10, M.D.
28. X-ray report, lumbar spine, 07/14/09
29. Operative report, 07/01/09, for injection for lumbar myelogram
30. CT scan/lumbar myelogram, 07/01/09
31. MRI scan of lumbar spines, 06/18/09
32. Operative report, 04/15/09, for epidural steroid injections

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who suffered a slip-and-fall while at work on xx/xx/xx. Subsequently he developed low back pain with radiation into both lower extremities. As a result of history and physical examination and radiographic studies confirming degenerative spondylosis at the level of L5/S1, a surgical procedure was performed on 01/05/10 consisting of essentially a total lumbar interbody fusion at the level of L5/S1 involving disc spaces and both posterior and anterior internal fixation devices. The effusion was successful. The bone growth stimulator battery was removed on 04/13/11. The patient has had persistent low back pain which has failed medication treatment, activity modifications, and physical therapy. He has undergone an MRI scan on 05/16/11, revealing in addition to the successful fusion at the level of L5/S1 some development of degenerative disc disease changes at the level of L4/L5. A lumbar myelogram has been requested for preauthorization. The request was considered and denied, reconsidered and denied.

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

The clinical notes failed to include physical findings suggestive of radiculopathy. The patient has been considered a surgical candidate, and the lumbar myelogram was requested by the current provider as part of preoperative planning. However, lumbar myelogram is not a recommended study in place of or when MRI scan is available. The most current revision of ODG 2011 Low Back Chapter is specific, stating that lumbar myelography is not recommended when MRI scans are available.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)