

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/09/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Myelogram w/ CT Scan

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

MD, Board Certified Neurological Surgeon

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
Adverse determination 06/15/11 denial lumbar myelogram with CT scan
Adverse determination 06/30/11 denial appeal for lumbar myelogram with CT scan
Office visit notes Dr. 04/10/08-06/20/11
Lumbar x-rays 07/20/09
Operative note spinal cord stimulator trial 04/17/09
Office visit notes / initial consultation Dr. 03/24/09
Operative report lumbar myelogram 11/18/08
Radiology report lumbar myelogram with post CT 11/18/08
Operative note lumbar fusion 08/01/06
Office visit notes Dr. 07/11/05-07/31/06
Operative report lumbar myelogram 06/28/05
Radiology report lumbar myelogram post CT 06/28/05
Preauthorization request 06/09/11
Physician advisor referral form 06/13/11 denial lumbar myelogram with CT scan
Physician advisor review 06/28/11 denial appeal request lumbar myelogram with CT scan

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. The patient complained of severe low back pain and bilateral radiating hip and leg pain. He is status post L4-5 lumbar fusion with instrumentation performed 08/01/06. The injured employee subsequently underwent spinal cord stimulator trial on 04/17/09 for refractory low back pain with bilateral lower extremity radiculopathy. X-rays of lumbar spine including flexion / extension views performed 07/20/09 revealed postoperative changes of posterior fusion at L4-5 with evidence of loosening of pedicle screws at L5; retrolisthesis at L4 on L5 unchanged with flexion or extension; evidence of degenerative disc disease throughout the lumbar spine; anterior

wedging at L4 with irregularity and sclerosis of the inferior endplate of L4 and superior endplate of L5. A preauthorization request for lumbar myelogram with CT scan was reviewed and preauthorization determination dated 06/15/11 denied the request. It was noted that prior myelogram with post myelogram CT in 11/08 apparently showed L3-4 to have moderate stenosis. The injured employee was noted to have prior L4-5 fusion with instrumentation. He ambulated with a cane on long-term basis. The injured employee does not have any new objective neurologic deficits to validate the need for further imaging studies of the lumbar spine. It was noted that the injured employee appeared to warrant a complete reassessment of current symptoms, findings, and need for further care as specifically related to work injury

An appeal request for lumbar myelogram with CT scan was reviewed and preauthorization determination dated 06/30/11 denied the request. It was noted that the documentation submitted for review elaborates the injured employee complaining of ongoing low back pain with associated numbness and weakness of lower extremities. Current evidence based guidelines recommend myelogram CT scan provided the patient meets specific criteria. No documentation was submitted for review regarding the patient's spinal trauma, traumatic myelopathy, infectious disease, PARS defect noted on x-rays or previous fusion

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

The injured employee sustained an injury on xx/xx/xx. He underwent L4-5 fusion with instrumentation on 08/01/06. He continued to complain of low back pain with bilateral radiating leg pain and spinal cord stimulator trial was performed on 04/17/09. Records indicate the injured employee did not obtain very much relief with spinal cord stimulator trial. Lumbar spine x-rays were performed on 07/20/09 with no movement noted on flexion / extension. The injured employee was seen on 01/17/11 and was noted to have gradually gotten a little worse with increasing lumbar pain with aching pain to hips and legs. There were no major differences on spinal or neurologic examination. The injured employee was taking Norco, Flexeril, and Motrin. He was seen in follow-up on 04/18/11 with some increasing upper lumbar pain with aching pain in hips and legs. The injured employee walks with a slightly flexed posture of low back with decreased mobility of low back. There was some mild weakness in lower extremities. The injured employee continued to use a cane for ambulation. He states he has definitely gotten worse. Studies three years ago showed moderate stenosis at L3-4 and L2-3 but no stenosis at level of prior surgery at L4-5. It was noted the injured employee was probably getting increasing stenosis from L2-4 with increasing neurologic deficit and lumbar myelography with post Myelographic CT scan. He was recommended for further investigation. Follow-up on 06/20/11 noted the injured employee to be having increasing severe lumbar pain with bilateral hip and leg pain with numbness, dysesthesias and weakness in the legs. The previous studies over 3 years ago show stenosis at L3-4 and L2-3. Per ODG guidelines, CT myelogram is okay if MRI is unavailable, contraindicated, or inconclusive. In this case the injured employee has instrumented lumbar fusion, and MRI is contraindicated. The most recent office notes reveal progressive neurologic deficit with numbness, dysesthesias, and weakness in lower extremities. As such, it appears the proposed lumbar myelogram and CT scan would be medically necessary to assess the current status and possible adjacent segment disease above the level of previous fusion. The reviewer finds there is a medical necessity for Lumbar Myelogram w/ CT Scan. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned.

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)