

SENT VIA EMAIL OR FAX ON
Jul/29/2011

Pure Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jul/29/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
CT Myelogram LS Spine T12-S1 Outpatient

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

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. MRI lumbar spine 08/07/09
2. Functional capacity evaluation 08/17/09
3. Clinical records DC (hand written clinical notes grossly illegible)
4. Functional capacity evaluation 02/10/10
5. Clinical records Dr.
6. MRI lumbar spine 02/18/10
7. Clinical records Dr.
8. Procedure report lumbar epidural steroid injection 05/17/11
9. NCV study 04/18/11
10. Utilization review determination 06/23/11
11. Utilization review determination 07/06/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx.

He's reported to have sustained injuries to the right shoulder low back left knee and right ankle as a result of a work place event. The record contains multiple clinical notes which indicate that the claimant has chronic low back pain with radiation to the left lower extremity and left lateral calf. He has intact motor strength with symmetrical reflexes. The claimant is noted to have positive electrodiagnostic testing demonstrating bilateral L4 and L5 radiculopathies. MRI dated 08/07/09 shows broad based disc protrusion at the L5-S1 level displacing the exiting left S1 nerve root as well as a 2-3mm retrolisthesis of L4 and L5 creating slightly posterior spondylosis with bilateral facet arthropathy. The records indicate that the claimant has undergone extensive conservative treatment consisting of chiropractic oral medications physical therapy work modification. He has previously undergone epidural steroid injections with no relief. The most recent clinical note from the requesting provider is dated 06/02/11. He indicates that the claimant is status post knee surgery and continues to have pain. He's noted to be 5'11" tall and weighs 380 pounds with a BMI of 50.2. He has decreased cervical and lumbar range of motion. He's reported to have a right Spurling's sign a positive right straight leg raise. Sensation is decreased in the left L4 dermatome motor strength is noted to be reduced in the finger intrinsics hip flexors and quadriceps. He's noted to have diffuse tenderness. Dr. reports that the claimant's pain appears to be originating from the lumbar facet joints. He reports that there is tenderness to palpation over the facet joints pain with hyperextension and rotation that is non-radicular. He's noted that the claimant has failed to respond to other conservative treatments and he is subsequently recommending medial branch blocks.

The initial request was reviewed by Dr. on 06/23/11 who non-certifies the request noting that Official Disability Guidelines only recommend the role of CT myelogram in situations where MRI scans are inconclusive or unable to be performed. He notes that there's nothing to indicate why a CT myelogram would need to be performed. He notes that the claimant has positive electrodiagnostic studies supported by a previous MRI and objective findings on examination. As such he finds the request not to be medically necessary. The subsequent appeal request was reviewed on 07/06/11 by Dr. who notes that the claimant has previously been treated with epidural steroid injection without relief and the current plan in addition to diagnostic evaluation with CT myelogram is to proceed with medial branch blocks as a diagnostic tool. He notes CT myelography is only indicated in cases where MRI is not available. He notes that there is not any indication that an MRI has been performed since 2009. He further notes that the claimant has been received multiple clinical or has been treated with multiple clinical approaches and the records do not clearly define the way the requested CT myelogram would impact treatment.

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

The request for CT myelogram is not supported by the submitted clinical information. The available medical records indicate that the claimant has continued low back pain with radiation into the lower extremity. The claimant has undergone extensive conservative treatment to include oral medications physical therapy chiropractic treatment and epidural steroid injections. Claimant is being followed by a pain management specialist who has recommended facet injections and medial branch blocks to determine if the claimant has symptomatic posterior element disease. The records do not indicate that the claimant is currently a candidate for surgical intervention and therefore CT myelogram would not be indicated. It's noted that the claimant's last MRI was performed in 2009 and there are no recent requests for a new MRI. Based upon the totality of the clinical information the previous determinations were appropriate and are upheld under reviewed.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES