



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 12/03/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat lumbar myelogram and cervical myelogram

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering cervical and lumbar 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. SWF forms
2. TDI referral forms
3. Denial letters, 10/11/11 and 10/21/11
4. URA records
5. fax to Forensic Associates
6. Itemized list of medical providers
7. Prescription history by claim (medication list)
8. MRI scan, lumbosacral spines, 02/14/05, revealing disc desiccation at L3/L4 and L5/S1
9. Operative report, 11/16/05, indicating laminectomy/discectomy at L5/S1 with 360-degree fusion utilizing interbody cages, pedicle screw instrumentation posterior lateral mass fusion
10. X-ray report, lumbar spines, 11/02/06
11. Operative report, 06/23/09, cervical epidural steroid injection

12. CT scan of lumbar spines, 06/23/09
13. Psychological evaluation, M.D., 03/05/10
14. MRI scan of cervical spines, 05/24/10, revealing multiple level spondylitic changes
15. History and physical examination, 07/21/10
16. Operative report, 07/21/10, for anterior cervical discectomy fusion, levels C5/C6 and C6/C7
17. Clinical notes with letters to M.D., six entries between 02/07/11 and 09/29/11
18. X-ray report, cervical spine, 06/10/11
19. Operative report, 09/21/11, cervical epidural steroid injections
20. ODG 2011, Neck and Upper Back Chapter and Low Back Chapter, passages on lumbar and cervical myelogram
21. Requestor records including discharge summary 07/21/10 through 07/22/10
22. Intraoperative evoked potential monitoring, 07/21/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a female who suffers cervical and lumbar spondylitic changes with chronic pain. She has suffered injuries while at work. The dates of injuries are not consistently reported. She suffered an injury in xx/xx and xx/xx/xx. The mechanism of injuries is also not consistently reported. There is a suggestion that the patient may have suffered a slip-and-fall or a straining injury. She has had multiple studies for cervical pain and upper extremity pain. She suffered degenerative disc disease at two levels, C5/C6 and C6/C7, and has undergone anterior discectomy at both levels as well as interbody fusions with the application of anterior cervical plate fixation. She has achieved fusion of these levels of the cervical spine. In addition, she suffered disc desiccation at L3/L4 and L5/S1 and underwent a 360-degree laminectomy fusion of the level of L5/S1 utilizing interbody cages and pedicle instrumentation with lateral mass fusion. Apparently both the lumbar and cervical attempts to achieve fusion were successful. However, she has suffered chronic pain requiring multiple medications and significant activity modifications. Most recently she returned to her spine surgeon with continued cervical spine complaints of pain. A request to repeat cervical and lumbar myelograms was submitted. The request was considered and denied and reconsidered and denied. There is no documentation of changing neurological findings and no description of specific surgical considerations. It would appear that the previous denial of this request to repeat cervical and lumbar myelogram was appropriate and should be upheld.

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

The cervical and lumbar myelograms are not recommended studies except under specific circumstances as a part of preoperative planning. It is not clear that this patient is currently a surgical candidate. There is no documentation of changing neurological findings which would justify consideration as a surgical candidate. There is no indication that pseudoarthrosis of the fusion sites developed. Fusion has been achieved. It would appear the patient suffers a chronic pain syndrome on the basis of cervical and lumbar spondylosis.

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.)