

SENT VIA EMAIL OR FAX ON
Nov/28/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CT Myelogram of Lumbar Spine

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

Orthopedic spine surgeon, practicing neurosurgeon

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

Request for IRO

Utilization review determination dated 09/19/11

Utilization review determination dated 10/13/11

Clinical records Dr. dated 05/09/11, 09/29/11

Radiographic report lumbar spine dated 05/25/11

Clinic note Dr. dated 05/24/11

Clinic note Dr. dated 11/08/10, 02/23/11

Request for reconsideration dated 10/05/11

Operative report lumbar transforaminal epidural steroid injection dated 07/11/11

CT of abdomen and pelvis

CT lumbar spine dated 05/05/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained injuries to low back on xx/xx/xx. He is reported to have low back pain with radiation into left lower extremity. On 05/09/11 the claimant was seen by Dr.. He is reported to have been welding a large box while twisting and had the onset of low back pain mainly into right lower extremity along lateral thigh and calf. He is status post a previous lumbar fusion at L5-S1. This appears to have occurred in 2003. He subsequently is reported to have recurrent symptomatology. On physical examination he is 5'11" and 290 lbs. Lumbar range of motion was decreased due to body habitus and pain. Motor examination revealed 4/5 strength in gastrocnemius muscle on right. Otherwise it is 5/5 throughout. Deep tendon reflexes are 1+ in right ankle jerk, otherwise 2+ throughout. Gait is antalgic. He has difficulty with toe walking, and less difficulty with heel walking. Straight leg raise is positive bilaterally at 50 degrees. Sensory exam reveals hypoesthetic region in S1 distribution on the right. CT scan of lumbar spine dated 05/05/11 demonstrates status post surgical changes at L5-S1. The CT scan was non-diagnostic secondary to metallic artifact of pedicle screw fixation at L5-S1 and no intrathecal contrast administration to rule out central canal versus foraminal stenosis. There is questionable pseudoarthrosis of L5-S1 posterolaterally. The claimant was recommended to undergo CT myelogram of lumbar spine and was referred for lumbar flexion / extension radiographs. The claimant was seen by Dr. on 05/24/11. He was subsequently recommended to undergo transforaminal epidural steroid injection to be performed on 07/11/11. The claimant was seen in follow-up by Dr. on 08/29/11. At this time it is noted there are no significant changes in the claimant's condition. He reported worsening symptomatology. His physical examination is unchanged. He is again recommended to undergo CT myelogram of lumbar spine.

The initial utilization review was performed on 09/19/11 by Dr.. Dr. non-certified the request noting the documentation elaborates in the claimant complaining of ongoing low back pain with pain radiating into lower extremities. He notes the claimant previously has undergone MRI. The claimant's imaging history to include MRI does not meet the guideline recommendations. He subsequently non-certified the request.

The record contains a letter of reconsideration dated 10/05/11 in which Dr. notes the claimant is status post previous lumbar fusion at L5-S1. He discusses the claimant's physical examination findings. He notes the claimant is considered a surgical candidate and that the CT myelogram is to determine surgical planning. He noted the previous CT scan did not address critical information that would be required in making surgical recommendation.

The subsequent appeal request was reviewed by Dr. on 10/13/11. He non-certified the request noting that peer to peer was conducted with Dr. . He noted examination by Dr. reports normal neurologic examination of lower extremities. He notes there was no motion noted at previous fusion site on flexion / extension x-rays. He notes the claimant's BMI is 40 and there was nothing in the medical records to address this issue. He opines that due to conflicting physical examinations he is unable to justify the request.

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

The request for CT myelogram of lumbar spine is deemed to be medically necessary and previous utilization review determinations are overturned. The submitted clinical records indicate the claimant is status post L5-S1 lumbar fusion with retained posterior instrumentation. The claimant is noted to have ongoing low back pain with objective findings of neurologic compromise as documented by Dr., neurosurgeon. The claimant was previously referred for CT without contrast which failed to provide sufficient information for operative planning. The claimant is further noted to have potential pseudoarthrosis at L5-S1 level. Placing the request into context with clinical history, this study is medically necessary to determine if the claimant has pseudoarthrosis and is candidate for further surgical intervention.

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