

# Becket Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Dec/02/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

cervical myelogram with CT w/o (without) contrast

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

M.D., Board Certified Orthopedic Surgeon, 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**

Official Disability Guidelines

Request for IRO dated 11/11/11

Utilization review determination dated 10/04/11

Utilization review determination dated 10/13/11

Clinical records Dr. dated 01/04/00-05/16/03

Clinical records Dr. dated 07/21/04-09/16/10

Clinical records Dr. dated 03/24/05-09/19/11

Procedure report dated 09/14/09

Emergency department records dated 09/30/10

EMG/NCV dated 09/01/11

MRI lumbar spine dated 09/12/10

MRI cervical spine dated 04/15/02

MRI lumbar spine dated 02/08/05

MRI cervical spine dated 05/27/08

MRI lumbar spine dated 08/24/09

MRI cervical spine dated 09/30/10

Radiographic report cervical spine dated 11/12/10

Radiographic report cervical spine dated 02/10/11

Radiographic report cervical spine dated 08/08/11

EMG/NCV bilateral upper extremities dated 09/01/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who is reported to have sustained injuries as a result of slip and fall occurring on xx/xx/xx. She has received extensive treatment, which included oral medications. She is reported to have sustained injuries to cervical and lumbar spine. The first available records are those of Dr. who provided pain management. It is noted in clinic

note dated 04/03/02 that the claimant has postlaminectomy syndrome, continued cervical pain with radiculopathy. She was recommended to undergo lumbar facet injections and referred for MRI of cervical spine. On 04/17/02 the claimant underwent bilateral lumbosacral intraarticular joint injections. MRI of cervical spine is reported to reveal multilevel bulges at C4-5, C5-6, and C6-7 with evidence of stenosis. She is noted to have received trigger point injections into cervical musculature. The claimant's care was transferred from Dr. to Dr.. She was recommended to undergo additional diagnostic studies. On 03/24/05 the claimant was seen by, Dr.. She is reported to have increasing low back pain and hip pain right greater than left. She was opined to have increasing problems associated with L3-4 level. Records indicate on 09/14/09 the claimant underwent lumbar epidural steroid injections.

On 09/16/10 the claimant is reported to have increased neck pain and C8 radicular symptoms radiating down her arm into 4th and 5th digits of the left hand. She was recommended to undergo electrodiagnostic studies and be seen by Dr. for examination of cervical spine. Records indicate the claimant underwent ACDF at C3-4, C4-5, C5-6, C6-7 and C7-T1 on 10/06/10. She had difficulty controlling postoperative pain and ran out of medications.

On 11/12/10 Dr. saw the claimant in follow-up. She is reported to have severe left sided neck pain and stiffness. She is unable to sleep longer than 3 hours. She awakens and has uncontrollable shaking for 45 seconds to 5 minutes. She reported unusual noise in her ears at that time. She has weakness in 3rd, 4th and 5th digits of left hand, which is improving. She is continued on oral medications and noted to have posterior neck spasms off and on. Reflexes are 2+ in right biceps and 3+ in left. Radiographs show hardware to be in good position with slight kyphosis at C3-4. She is reported to be using a bone growth stimulator.

Dr. saw the claimant in follow-up on 02/10/11. She is noted to have undergone large fusion from C3-T1 for myelopathy. She is reported to have returned to 40-hour work week. She weaned herself off Lortab and continues to take Methadone, Robaxin and Cymbalta. She reduced her cigarettes to one cigarette daily for past 2 weeks. She has completed physical therapy primarily for weakness of 3rd, 4th, and 5th digits of left hand, which seems to be gradually improving. Her sensation is improved. Radiographs demonstrate good progressive arthrodesis at C5-6. She is to follow-up in 6 months. Records indicate the claimant was laid off from her job on and was subsequently seen in follow-up on 08/08/11. She is reported to have significant back pain, which is being treated by Dr.. On examination the 4th and 5th digits of left hand are numb with atrophy of the left thenar eminence and positive Tinel's at the left elbow. X-rays demonstrate progressive fusion from C3-4 through C7-T1. She was recommended to undergo EMG/NCV study. This was performed on 09/01/11. This indicated C8 radiculopathy, which is acute and mild right C7 radiculopathy that is subacute. There is no evidence of ulnar neuropathy at wrist or elbow, no evidence of radial neuropathy. On 09/19/11 Dr. saw the claimant in follow-up. EMG/NCV indicates evidence of severe radiculopathy. Dr. expresses concern whether this may represent T1 level problem. He recommended CT myelogram to ensure there is nothing progressive and to assess whether or not she has achieved fusion.

The record contains multiple imaging studies. Most recent radiographs dated 02/10/11 report progress arthrodesis primarily at C5-6. Radiographic report dated 08/08/11 demonstrates progressive fusion C3-4 through C7-T1.

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

This patient has complex history of cervical and back pain for which she has been treated extensively with interventional procedures, chronic use of oral medications, and is reported to have post laminectomy syndrome. She ultimately was taken to surgery and underwent extensive cervical fusion from C3-4 through C7-T1. Postoperatively the claimant has continued complaints of decreased sensation in left lateral hand and fingers, which is unchanged. There is no indication from the clinical record that the claimant has evidence of pseudoarthrosis or progressive neurologic deficit, which would warrant performance of repeat imaging studies as per the ODG. It would be further noted that there appears to be administrative error in that it is request for cervical myelogram with CT without contrast.

Myelography cannot be performed without contrast. Based on the clinical information provided the reviewer finds no medical necessity for cervical myelogram with CT w/o (without) contrast.

**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)