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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar CT myelogram

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

M.D. Board Certified Orthopedic 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

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a xx year-old male who sustained a work related injury to his low back on 09/10/2009. The claimant slipped off the fender of a truck and landed in a split position on the ground. An MR of his lumbar spine on 11/18/09 showed bilateral facet joint effusions at L2-3 and L3-4 and a left facet joint effusion at L4-5, indicative of acute facet joint irritation and lumbar facet syndrome. There was mild right and moderate left neural foraminal narrowing with mild central canal stenosis and a broad disc protrusion measuring 2 millimeters across the majority of the annulus and 4 millimeters within the left posterolateral region at L3-4. At L4-5 there was mild central canal stenosis and moderate right neural foraminal narrowing with a broad disc protrusion measuring 4 millimeters to the right of midline and 2 millimeters centrally and to the left of midline. The claimant was seen for a Required Medical Examination on 07/28/10. On examination his motor strength was 5/5 throughout both lower extremities except for his right ankle dorsiflexors and extensor hallucis longus at 4/5 with reported pain. The claimant's sensation was reduced over the dorsum of the right foot to fine touch and pin-prick. His deep tendon reflexes were +1 at the knees and ankles bilaterally. Dr. recommended a CT myelogram to determine whether the claimant was a surgical candidate. The claimant reportedly had an EMG/NCV on 08/02/10, which showed acute denervation in the bilateral lower lumbar paraspinals with no evidence of denervation in the peripheral myotomes. There was no evidence of peripheral neuropathy. When the claimant saw Dr. on 11/02/10 she noted that the claimant needed a myelogram as Dr. thought there might be a surgical resolution for the claimant's back problem which was still painful and caused him a great deal of discomfort and difficulty sleeping.

A peer review on 12/08/10 noncertified the CT myelogram as the claimant did not present with acute trauma or progressing neurologic deficits that would necessitate a CT myelogram. A second peer review on 01/10/11 also noncertified the CT myelogram as the medical information submitted for review did not indicate the presence of any red flags or severe or progressive neurological deficits to warrant the medical necessity for a lumbar CT myelogram. Although it was mentioned that the claimant was a surgical candidate, the

surgical intervention indicated was not noted.

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

Official Disability Guidelines recommends CT myelography for individuals who have evidence of lumbar trauma or neurological deficit. The records in case state that multiple physicians have recommended the CT myelography suggesting that this will define whether or not the claimant is in fact a surgical candidate.

Of note is the fact that an MRI scan of his lumbar spine was done in November 2009, which showed relatively mild changes without evidence of a distinct neural compressive lesion and/or anything to suggest that this gentleman was a surgical candidate. The subsequent records from Dr. describe persistent pain, but negative straight leg raise and no evidence of neural compression. Thus it is unclear as to what type of surgery one would suggest is indicated in this particular case and what information a myelogram is likely to reveal that it would warrant proceeding with that type of surgery.

The clinical information does not make a compelling case for proceeding with CT myelography and furthermore does not address why an invasive study of this nature would be more appropriate than a less invasive study such as an MRI scan. For all the above-stated reasons, this particular reviewer would uphold the previous adverse determination of this request. The reviewer finds no medical necessity for Lumbar CT myelogram 72265 72131.

Official Disability Guidelines Treatment in Worker's Comp, 2011 Updates. Low Back

CT & CT Myelography (computed tomography)

Indications for imaging -- Computed tomography

- Thoracic spine trauma: equivocal or positive plain films, no neurological deficit
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, infectious disease patient
- Evaluate pars defect not identified on plain x-ray
- Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989)

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)