

SENT VIA EMAIL OR FAX ON
Jan/31/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jan/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Recon Cervical and Lumbar Myelogram with CT

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Neurosurgeon with additional training in pediatric 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
Dr. 9/28/1998 thru 11/18/2010
12/16/10 and 12/23/10

PATIENT CLINICAL HISTORY SUMMARY

This is a male with extensive low back and cervical history. He complains of numbness, dysesthesias, and weakness in legs. He also has posterior cervical and interscapular pain with bilateral radicular arm pain. He has had medications and epidural steroid injections. On 06/19/2009 he underwent cervical and lumbar myelography with CT. This showed at C3-C4: postoperative change secondary to posterior decompression. There is a moderate bulging disc with mild-to-moderate encroachment of the anterior thecal sac. There is mild-to-moderate neuroforaminal narrowing. At C4-C5: there are postoperative changes of an ACDF. There is mild bilateral neuroforaminal encroachment. At C5-C6 there are postoperative changes of an ACDF. At C6-C7 there are postoperative changes of a posterior decompression, as well as an ACDF. At C7-T1 there is disc bulging with mild-to-moderate

encroachment on the anterior aspect of the dural sac and neuroforamina. There is mild-to-moderate spinal canal stenosis with mild bilateral foraminal stenosis. In the lumbar spine there is moderate broad-based disc bulge at L1-L2 with prominent spinal canal stenosis and moderate bilateral foraminal stenosis. At L3-L4: prominent spinal canal stenosis and moderate bilateral neuroforaminal stenosis. At L4-L5 and L5-S1: there are postoperative changes of a lumbar fusion. The provider believes that he is a candidate for further decompression from L1-L4 with fusion. The request is for a cervical and lumbar myelogram with CT.

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

The cervical and lumbar myelogram with CT is not medically necessary. According to the ODG, myelogram is indicated. "CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive". The patient underwent a CT myelogram of both the cervical and lumbar spine in 06/2009. There is no evidence that there has been any substantial change in examination or complaints since this time. No further rationale is given as to why this test is, again, being requested. Therefore, the requested myelogram with CT of the cervical and lumbar spine is not medically necessary.

References/Guidelines

2011 *Official Disability Guidelines*, 16th edition

"Low Back" chapter

CT and CT Myelography:

Not recommended except for indications below for CT. CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. ([Slebus, 1988](#)) ([Bigos, 1999](#)) ([ACR, 2000](#)) ([Airaksinen, 2006](#)) ([Chou, 2007](#)) Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. ([Seidenwurm, 2000](#)) The new ACP/APS guideline as compared to the old AHCPR guideline is more forceful about the need to avoid specialized diagnostic imaging such as computed tomography (CT) without a clear rationale for doing so. ([Shekelle, 2008](#)) A new meta-analysis of randomized trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients. ([Chou-Lancet, 2009](#)) Primary care physicians are making a significant amount of inappropriate referrals for CT and MRI, according to new research published in the *Journal of the American College of Radiology*. There were high rates of inappropriate examinations for spinal CTs (53%), and for spinal MRIs (35%), including lumbar spine MRI for acute back pain without conservative therapy. ([Lehnert, 2010](#))

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-rays
- 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)