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Notice of Independent Review Decision

DATE OF REVIEW: February 21, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Myelogram CT of the Lumbar Spine.

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

AMERICAN BOARD OF ORTHOPEDIC SURGERY

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:

The patient was a xx-year-old male at the time of the initial evaluation in November xxxx. The patient stated that he had an on-the-job injury; this being approximately two months prior to the aforementioned evaluation. The patient stated that while on the job he somehow injured his back and noted a persisting low back pain and right foot numbness as a result of that injury. The patient described a pressure-type of sensation which persisted in the back and is unchanged since the injury. The patient noted that the pain came on suddenly, reportedly subsequent to the injury. The patient further noted that the pain was constant and reportedly moderate in severity. It appeared to increase with standing, sitting, walking or bending forward. It also seemed to increase with laying on his back or arising from a seated posture. The patient noted that when he walked for as little as five to ten minutes or maintained any one given posture via sitting or standing for five to ten minutes the pain recommences. Reportedly, the pain was primarily in the low back. The numbness reportedly was in the right foot area. The physical examination, which was conducted in November 2010, indicated that this patient had numbness in what he described as the L5 and S1 distribution on the

right. Dr. further stated that there was grade 4 motor power of the ankle dorsiflexors and plantar flexors, as well as of the quads, however, Dr. does not mention whether this was on the right side. Dr. does note there was a negative straight leg raise and that the reflexes are symmetrical.

The x-rays performed in November 2010, according to Dr., did reveal spondylosis at T12-L1, and an MRI study which had been previously performed on November 8, 2010, revealed what appears to be no apparent pathology at L1-2 and L2-3. There was a 1 mm lateralizing disc bulge present with patent neural foramina at L3-4. There was a 1.5 mm lateralizing disc bulge with minimal neuroforaminal narrowing when combined with mild facet hypertrophy at L4-5. There was a 1.5 mm disc bulge lying within the anterior epidural space, extending into the neural foramina with very minimal neuroforaminal narrowing bilaterally at L5-S1. Dr. reportedly requested permission to perform a lumbar myelogram with post myelogram CT.

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

Permission to perform this study should be granted, while I do note that the MRI suggest only minimal disc bulging at multiple levels of the low back with lateralization present at two of three lower disc levels and minimal neuroforaminal narrowing bilaterally at the lowest disc level. Nonetheless, when combined with the patient's subjective feeling of back pain, as well as right leg numbness, and when combined with Dr. physical findings of decreased sensation in the L5 and S1 dermatomes, as well as weakness of multiple muscle groups of the right lower extremity, if indeed one can determine that he is referring to the right rather the left lower extremity, all of these would suggest at the very least that further workup would be in order. While an MRI tends to be an extremely good-valued study, a lumbar myelogram and post myelogram CT is still considered by most to be the gold standard to look for any potential neural impingement. If indeed Dr. notation of weakness in the lower extremity musculature is on the right side, this is compatible with the decreased sensation this patient also notes on the right side and is compatible with his subjective commentary of right foot numbness. In my opinion, this combination of subjective complaints on the part of the patient with objective findings on the part of the examiner, again if the weakness is indeed in the right lower extremity, and it would mandate the most definitive workup possible to rule in or rule out evidence of neural impingement due to likely a disc injury.

It is per this rationale, i.e. subjective findings on the part of the patient reportedly combined with objective findings on the part of the examiner, again considering that the weakness is in the right lower extremity, it is for these reasons that this patient should be allowed to have his myelogram and post myelogram CT. Any further treatment decisions would obviously depend on the results of that study.

If I can be of any further assistance in helping clarify this matter, please do not hesitate to contact me.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ 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 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)