



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 02/07/11

**IRO CASE NO.:**

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

Item in dispute:  
Repeat Contrast X-Ray Lumbar Spine; Myelogram  
Needle Localization  
Repeat CT Lumbar Spine With Contrast

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

Texas Board Certified Physical Medicine & Rehabilitation  
Texas Board Certified Pain Management

**REVIEW OUTCOME**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a xx year old male who sustained an injury on xx/xx/xx when he slipped and fell, landing on his neck and back.

The employee was seen for evaluation on 02/24/10. The employee complained of sharp pain in the low back, rating 7 to 10 out of 10. The employee also reported weakness in the low back with burning and tingling sensations radiating down the posterior aspect of the right leg. The employee had been unable to participate in physical therapy due to pain. Physical examination revealed mild tenderness to the cervicothoracic junction. There was mild pain with percussion over the spinous processes in the lumbar distribution. There was moderate pain with compression in the lumbar paraspinal muscles in the quadratus lumborum. There was pain with lumbar range of motion. There was decreased sensation in the lateral aspect of the right thigh. Straight leg raise was positive at approximately 10 degrees. The employee was

recommended for an epidural steroid injection. The employee was prescribed Percocet 10/325 mg.

An MRI of the lumbar spine performed 09/21/10 demonstrated diminished T2 signal within the intervertebral discs of L2-L3 and L3-L4, consistent with disc desiccation. There were high T2 signal and enhancing posterior central annular tears. There were no disc bulges or disc protrusions. There was no compromise of the spinal cord or neural foramina. At L4-L5, there were postoperative changes of right sided laminectomy. There was diminished T2 signal within the intervertebral disc, consistent with disc desiccation. There was a high T2 signal and enhancing right paramedian annular tear or discectomy defect. There was loss of disc height and a mild disc bulge asymmetric to right indenting the ventral thecal sac but causing no compromise of the spinal canal or neural foramina. There was no scar encasement. At L5-S1, the intervertebral disc was well-maintained demonstrating normal height and hydration. There were no disc bulges or disc protrusions. There was no compromise of the spinal cord or neural foramina.

The employee was seen for follow-up on 11/19/10. The employee complained of left leg pain. Current medications included Lyrica and Hydrocodone. Physical examination revealed decreased sensation to temperature in a left L4 distribution. There was decreased reflex at the left patellar and left Achilles compared to the right. Straight leg raise was positive at 10 degrees on the left. The employee was assessed with left L4 radiculitis. The employee was recommended for a CT myelogram.

The request for repeat contrast x-ray lumbar spine myelogram, needle localization, and repeat CT lumbar spine with contrast was denied by utilization review on 12/06/10. A recent MRI of the lumbar spine showed only postoperative changes. There was no indication of a new or progressive neurologic deficit. It was unclear what a CT/myelogram would accomplish over a non-invasive MRI.

The request for repeat contrast x-ray lumbar spine myelogram, needle localization, and repeat CT lumbar spine with contrast was denied by utilization review on 12/30/10 due to a recent MRI that revealed minimal findings.

The employee was seen for follow-up on 01/14/11. The employee continued to report left leg weakness and pain. A physical examination was not performed. The employee was recommended for CT myelogram. The employee was prescribed Lyrica and Norco 10/325 mg.

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

The employee had recent MRI findings that revealed postsurgical findings with no recurrent pathology that would warrant further imaging studies. The employee's physical examinations were stable and did not reveal any significant changes that would warrant additional imaging studies. There was no indication from the clinical notes that the employee had been recommended for any additional surgical intervention. It was unclear how a repeat CT myelogram study would reasonably guide the employee's course of treatment.

As such, the request for repeat contrast X-Ray lumbar spine myelogram, needle localization, and repeat CT lumbar spine with contrast is denied.

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

*Official Disability Guidelines*, Online Version, Low Back Chapter