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DATE OF REVIEW: 02/02/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical myelogram with post CT scan

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

This case was reviewed by a Texas licensed MD, specializing in Neurological Surgery, Spinal Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

REVIEW OUTCOME:

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

Overturned

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Cervical myelogram with post CT scan	72240, 77003, 62284, 72126, 72052	-	Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	Referral	TDI	1	01/13/2001	01/13/2001
2	Claim File	Solutions	1	10/19/2010	10/19/2010
3	Diagnostic Test	MRI	4	08/27/2009	08/27/2009
4	Diagnostic Test	Imaging	9	09/30/2009	09/30/2009
5	IRO Request	TDI	17	01/13/2011	01/13/2011
6	Office Visit Report	MD	3	11/04/2010	11/04/2010
7	Office Visit Report	MD	2	10/06/2010	10/06/2010
8	Initial Denial Letter		7	11/29/2010	12/09/2010

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who is employed as a who is reported to have a date of injury of xx/xx/xx. It's reported that on the date of injury, he did a lot of heavy digging and utilized jackhammers and began to

experience neck pain. His symptoms progressively worsened and began radiating into the left shoulder. Then he reported symptoms of numbness and tingling in the hands. This later spread to involve the feet. Records indicate that the claimant previously underwent an MRI of the left shoulder on 08/26/09. This study is reported to be unremarkable with an intact rotator cuff. On 08/26/09, the claimant underwent an MRI of the cervical spine which shows a flattening of the cervical lordosis secondary to muscle spasm. There is a shallow broad based contained disc protrusion at C5 measuring 3-4mm in calibre which contacts and mildly impresses the thecal sac. Records indicate that the claimant underwent an EMG/NCV study which is reported to be suggestive of a left C6 radiculopathy. It's further noted that there are findings suggestive of an underlying peripheral neuropathy in the upper extremities.

On 10/06/10, the claimant was seen by Dr. Dr. notes the history above. On physical examination, the cervical spine has decreased range of motion. There is tenderness in the bilateral trapezius region and there is decreased sensation in both the arms and hands. There is decreased sensation in both the legs and feet. Examination reveals absent left knee reflex. Right knee jerk is normal. The patient is opined to have cervical stenosis and possible lumbar stenosis. He is to be referred to orthopedics. He was continued on oral medications.

On 11/04/10, the claimant was seen by Dr.. The claimant reports shoulder and upper thoracic pain with burning numbness in all four extremities and weakness in the upper extremities. Treatment is reported to have included physical therapy and a single epidural steroid injection which resulted in a hypertensive crisis. The claimant reports symptoms of constant burning, stabbing pain across the upper shoulders with pins and needles on the top of the shoulders, burning in the anterior and posterior brachia, and numbness and weakness in both hands. In the lower extremities, there is burning sensation with numbness in the feet. He reports having nocturnal myoclonus, difficulty handling objects without dropping them, urinary frequency with no episodes of incontinence. He's reported to have significant change in his handwriting and he exhibits clumsiness picking up small objects. He's reported to have undergone an EMG/NCV study performed by Dr. on 08/31/10 which is reported to have revealed a bilateral median motor neuropathy, left median sensory neuropathy, left carpal tunnel syndrome, but no evidence of radiculopathy or brachioplexopathy. On physical examination, the claimant is reported to be 5'6" and weighs 216 pounds. He has mild head forward placement on examination, but shoulders and pelvis are level. Range of motion of the cervical spine is decreased due to pain at the extremes. There's tenderness to the upper trapezius muscles, supraclavicular triangles and even the pectoralis muscles. There's some tenderness around the acromioclavicular joints, more pronounced in the left than right. The claimant is unable to raise his elbow above his shoulders due to a combination of weakness and pain. Upper extremity neurologic evaluation reveals symmetrical grade 2 reflexes in the biceps and triceps and is unobtainable at the brachial radialis. There is both light touch and pin prick loss in the upper extremities more pronounced in the left than the right. On manual muscle testing, he appears to have considerable weakness in right grip strength when compared to the left. In the lower extremities, he has symmetrical grade 2 reflexes at the patellar tendons and grade 3 reflexes at the Achilles tendons with three beat clonus on the right and two beat clonus on the left. It's reported that the claimant had a fairly poor quality open MRI scan of the cervical spine which shows degenerative bulging at C5-6 with some indentation of the spinal cord and possibly slight flattening. There are no obvious signal changes within the spinal cord tissue. He's been diagnosed with spinal stenosis with myeloradiculopathy and mechanical dysfunction of the left shoulder. He subsequently is recommended to undergo CT myelogram.

On 11/29/10, the request was reviewed by Dr.. Dr. opines that the clinical documentation reports that the claimant underwent electrodiagnostic studies on 08/31/10 with no evidence of radiculopathy. He reports there was also no indication that the claimant was being recommended for surgical intervention on the most recent clinical note provided for review. Dr. opines that current ODG guidelines only recommend cervical myelograms for surgical planning. He therefore non-certifies the request.

On 12/09/10, the request was reviewed by Dr. Dr. notes that it is not clearly stated on the medical evaluation dated 11/04/10 that there is a clear rationale for the requested cervical myelogram. He further reports the advantages of performing cervical myelogram after MRI was obtained were not mentioned. Moreover, there is no objective documentation that the patient has failed to respond to conservative measures such as physical therapy and exercises prior to requesting the imaging study. This is an IRO request for cervical myelogram with post CT scan.

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

The submitted clinical records indicate that the claimant has a progressively worsening clinical picture. He is noted to previously have undergone MRI of the cervical spine which shows a shallow broad based contained disc protrusion at C5 3-4mm in calibre which contacts and mildly impresses on the thecal sac. He's undergone an EMG/NCV study on 09/30/09 which indicated findings of a left sided radiculopathy at C6 with mild active denervation and noted reinnervation. There were further findings involving multiple nerves in the upper extremities suggestive of a peripheral polyneuropathy. The claimant's MRI is noted to be of inferior quality and performed in an open scanner and clearly is of little diagnostic value. The claimant's progressively worsening clinical picture suggests a progression of myelopathy and his current presentation does not correlate to his previous imaging studies. Given the significant change in the claimant's clinical presentation over the course of time, the requested CT myelogram is clearly medically necessary to determine if there is an organic cause for the claimant's deteriorating clinical picture. As such, the request is deemed medically necessary.

Computed tomography (CT)

Indications for imaging -- CT (computed tomography):

- Suspected cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet
- Suspected cervical spine trauma, unconscious
- Suspected cervical spine trauma, impaired sensorium (including alcohol and/or drugs)
- Known cervical spine trauma: severe pain, normal plain films, no neurological deficit
- Known cervical spine trauma: equivocal or positive plain films, no neurological deficit
- Known cervical spine trauma: equivocal or positive plain films with neurological deficit

Myelography

Not recommended except for surgical planning. Myelography or CT-myelography may be useful for preoperative planning. ([Bigos, 1999](#)) ([Colorado, 2001](#))

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)**

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with 28 TAC §12.206(d)(19), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 02/02/2011.