



**CLAIMS EVAL**

*Utilization Review and  
Peer Review Services*

## Notice of Independent Review Decision-WC

**DATE OF REVIEW: 2-1-11**

**IRO CASE #:**

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

Myelogram lumbar spine and CT lumbar with contrast

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

American Board of Orthopaedic Surgery-Board Certified

### **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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- MD., office visits on 2-24-05, 3-21-05 and 9-21-10.
- 10-8-10 DC., office visit.
- 11-9-10 MD., office visit.
- 1-7-11 MD., performed a Utilization Review.
- 1-14-11 MD., performed a Utilization Review.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

MD., the claimant sustained an injury on the job. He was moving a roll of carpet and injured his back. The claimant had back surgery, discectomy with cage. He continues to have progressively worsening pain down both legs. Since his surgery, he has developed difficulty voiding which began approximately a month ago. He leaks when he coughs. Since his surgery, he also has erectile impotence. He cannot get an erection. It is of poor quality. He has now tried Viagra. He was given Flomax by Dr.. The evaluator recommended IVP, cystoscopy, urodynamic study and UA.

3-21-05 MD., the claimant had an abnormal study x 3 nights. Minimal sustained erectile activity, markedly reduced rigidity and tumescence tip and bone.

9-21-10 MD., the claimant is unable to tolerate Levitra or Cialis because of severe headaches. Viagra worked the best. Oxytrol 2 patches works pretty well. He is out of refills. He is provided with the following: Oxytrol patches, Flexor patch, Voltaren gel, Lortab and Viagra.

10-8-10 DC., the claimant presents for initial evaluation. The claimant reported that on xx/xx/xx he injured his low back. He was treated conservatively with medications, physical therapy, imaging and eventually had surgery at L4-L5 and L5-S1 by Dr.. Since then, he has developed chronic pain syndrome and radiculopathy into bilateral lower extremities and erectile dysfunction. He reports numbness, tingling and weakness that continues to get worse over the last 3-6 months. He continues to have increased difficulty with his sleep pattern. He is currently on Oxytrol patches, Flexor patches,

Lortab, Voltaren gel and Viagra. The evaluator recommended medical management with Dr. and initial evaluation with Dr. for orthopedic review.

11-9-10, MD., the claimant is a very pleasant and funny male who continues to smoke cigarettes, down from five packs a day, and continues to work as a , who sustained an on-the-job injury on xx/xx/xx, failed conservative treatment, and Dr. did a decompression with instrumented arthrodesis at L4-L5 and L5-S1 with pedicle screws and rods with no interbody support. He has continued to work full-time. He does not like to take medications. He presents for consultation. His chief complaint is back pain and bilateral leg pain. His current medications are listed by his treating physician as Oxytrol patches, Flector patches, Lortab 7:51500 mg, Voltaren gel 5%, and Viagra 100 mg. X-rays of his pelvis reveal hips without degenerative joint disease and sacroiliac joints without sclerosis. X-rays of his lumbar spine to include flexion-extension views reveal L4-L5 and L5-S1 decompression with laminotomy at L4-L5 or total laminectomy at L5-S1. No interbody cage. No apparent interbody fusion. No anterior column support with no posterior bone graft that he could see. There is no evidence of hardware fracture. Physical examination of his back and lower extremity reveals a well-healed midline incision, positive extensor lag, positive sciatic notch tenderness bilaterally, positive flip test bilaterally, positive Lasegue's by 45 degrees, equivocal Bragard's, weakness of gastroc-soleus bilaterally, paresthesias in the Si nerve root distribution bilaterally and L5 nerve root distribution on the left. Assessment: Failed lumbar spine syndrome with pseudoarthrosis. Plan: He will continue with workup at the gadolinium-enhanced MRI scan of his lumbar spine and see him back after this is done.

12-15-10 MD., MRI of the lumbar spine with contrast denied.

1-7-11, MD., performed a Utilization Review. It was her opinion that the history and documentation do not objectively support the request for a CT myelogram at this time. There are no recent office notes available and it is not clear whether the MRI ordered on 11/09/10 was done. There is no evidence that the claimant has current objective findings that warrant this type of study or that he has failed a reasonable course of conservative treatment. There is no evidence that urgent or emergent surgery is being considered or that the claimant has been involved in an ongoing exercise program. The medical necessity of these studies has not been clearly demonstrated and the reviewer was unable to obtain clarification via a discussion with Dr. or from his office.

1-14-11 MD., performed a Utilization Review. Based on the clinical information provided, the appeal request for myelogram lumbar spine and CT lumbar with contrast is not recommended as medically necessary. This is an injury that occurred over 9 years ago. No previous imaging studies of the lumbar spine were submitted for review. The records indicate that the patient is status post decompression with instrumented arthrodesis at L4-5 and L5-S1, but the date of surgery is not reported. There is no comprehensive history of treatment completed to date since surgical intervention. It appears that lumbar MRI was recommended on 11/9/10, but there is no subsequent documentation regarding this study. There is a handwritten, unsigned note that says MRI was denied, but no other information was provided. No clear rationale for the

proposed CT myelogram was stated. Attempts were made to reach the provider but were unsuccessful. Recommend adverse determination.

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

CLAIMANT HAD LUMBAR LAMINECTOMY AND PEDICLE SCREWS/RODS FROM L4-S1 YEARS AGO. THE MEDICAL RECORD DOES NOT REFLECT A NEUROLOGICAL CHANGE. THERE IS A FOCUS ON THE PLAIN X-RAYS AND THE LACK OF ARTHRODESIS WITHOUT FAILURE OF THE INSTRUMENTATION.

I DO NOT BELIEVE THAT A LUMBAR MYELOGRAM/CT SCAN IS REASONABLE OR MEDICALLY NECESSARY DUE TO AN ABSENCE OF NEUROLOGICAL FINDINGS. LIKEWISE, CLAIMANT IS FUNCTIONING REASONABLY WELL INCLUDING WORKING. THEREFORE, THE REQUEST FOR LUMBAR MYELOGRAM/CT SCAN IS NOT REASONABLE OR MEDICALLY INDICATED.

**ODG-TWC, last update 1-14-11 Occupational Disorders of the Low Back – Myelogram and post CT scan:** Recommended as an option. Myelography OK if MRI unavailable. (Bigos, 1999)

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- 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)**