



DATE OF REVIEW: December 30, 2010

IRO Case #:

Description of the services in dispute:

Cervical CT Myelogram

A description of the qualifications for each physician or other health care provider who reviewed the decision:

The physician who provided this review is a fellow of the American Board of Orthopaedic Surgery.

This reviewer is a fellow of the North American Spine Society and the American Academy of Orthopaedic Surgeons. This reviewer has been in active practice since 1990.

Review Outcome:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be upheld. Cervical CT myelogram is not medically necessary.

Information provided to the IRO for review:

Received from the State 12/20/10:

-Notice to Medical Review Institute of America, Inc. of Case Assignment 12/20/10 - 1 page.

-Notice to Utilization Review Agent of Assignment of Independent Review Organization 12/20/10 - 1 page.

-Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) 12/17/10 - 5 pages.

-Request for a Review by an Independent Review Organization 12/15/10 - 3 pages.

Received from the Utilization Review Agent 12/20/10:

-Utilization Review 12/09/10 - 3 pages.

-Utilization Review 11/19/10 - 5 pages.

- Script for Orders 11/02/10 - 1 page.

-Office Notes of DO 11/02/10 - 1 page.

-Office Notes of PA-C for DO 09/01/10 - 3 pages.

Patient clinical history [summary]:

The patient is a male who has been followed for complaints of neck and back pain following a work injury on xx/xx/xx. Clinical note dated 09/08/10 indicates the patient has had previous rhizotomy procedures, epidural steroid injections, chiropractic therapy and medications that have not improved the patient's pain or functional status. The patient has had prior MRI and CT, which were not provided for review. Physical exam at this visit reveals positive Spurling's sign in the right upper

extremity and a slightly positive Lhermitte's sign. Mild weakness in the right upper extremity versus the left is noted. The clinical note dated indicates the patient's prior MRI studies are of poor quality. Prior CT studies demonstrate a pars defect at L5-S1. The patient was recommended for CT myelogram studies with 1mm sagittal cuts at the odontoid. There is slight disc space narrowing at C4-5. Radiographs performed at this visit reveal a pars defect at L5-S1. Follow up on 11/02/10 states that the patient does require a CT myelogram study. The patient sustained a head injury where the patient had axial loading across the skull, transmitting force into the cervical spine. The request for CT myelogram was denied by utilization review, as there was no mention of clinical exams related to an odontoid fracture. The request for CT myelogram studies was again denied by utilization review on 12/09/10 due to lack of any clinical workup for a possible odontoid fracture.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

The prior denials are upheld. The patient is being requested for CT myelography to evaluate a possible odontoid fracture. To date, there is limited objective clinical evidence consistent with a possible odontoid process fracture. The patient has had plain film radiography and MRI studies performed of the cervical spine; however, no MRI reports were submitted for review. The most recent radiographic studies do not reveal any evidence of pathology at the odontoid process that would reasonably require additional CT myelogram studies to further evaluate the area. The patient has no recent physical exam findings that would otherwise support a possible odontoid fracture requiring further imaging workup. Given the lack of clinical documentation to support the request, medical necessity would not be established, and the prior denials are upheld.

The patient has limited objective findings regarding possible odontoid process fracture, and no previous MRI or CT evaluations of the cervical spine were submitted for review. The patient had no updated physical exam demonstrating evidence of a possible odontoid fracture. Based on the clinical information submitted for this review, the request for CT myelogram of the cervical spine is not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

1. Official Disability Guidelines, Neck and Upper Back chapter, online version.
2. N.B. Chutkans, A.G. King, and M.B. Harris. Odontoid fracture: Evaluation and Management. Journal of the American Academy of Orthopedic Surgeons. 1997; 5; 199 to 204.