



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 12/31/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a cervical CT scan and myelogram. (72125)

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding prospective medical necessity of a cervical CT scan and myelogram. (72125)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Dr.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Dr.: 10/8/10 script, 10/8/10 office notes by Dr., 8/5/10 progress notes by MD, 7/29/10 report by MD, 4/13/10 neurodiagnostic report by Dr. 4/8/10 cervical MRI report and 3/17/10 note by DC.

: 10/18/10 denial letter, 11/10/10 denial letter, 11/4/10 letter by, 3/11/10 work acceptance letter, various DWC 73 forms, 3/8/10 notes from, 3/26/10 to 11/20/10 notes by Dr. 3/30/10 report by Dr. 5/13/10 to 7/22/10 procedure notes, 5/13/10 to 11/19/10 guardian lab results, 5/14/10 letter by Dr. 8/17/10 initial eval by DO and 12/9/10 office note by Dr.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant fell on xx/xx/xx. The claimant has had symptomatic neck pain with right upper extremity radiation. There was documentation of a right C6 distribution sensory impairment/radicular symptoms without motor loss. Spurling test was positive with painful range of motion having been documented. A 4/13/10 dated electrical study corroborated a C6 radiculopathy. A 4/8/10 dated MRI denoted disc dehydration at C2-3 and C6-7 with multi-level disc bulging. Denial letters denoted the lack of a motor, significant sensory or reflex deficit on examination.

The 11/4/10 dated AP medical necessity letter documented “numbness and paresthesias in the right C6 distribution.” The claimant was noted to have sustained cervical trauma and was noted to have no neurological deficit associated with the severe ongoing pain. This letter was not from the AP himself however. On 10/8/10, the AP indicated that the MRI had been suggestive of a HNP at C6-7. Bulging and osteophytic ridging complexes were noted at multiple cervical levels, as per the radiologist in the report dated 4/8/10. Additional information was considered applicable via a CT-myelogram, as per the radiologist.

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

DECISION. The ODG Indications for imaging -- CT (computed tomography) are noted as follows:

- 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 is not recommended except for surgical planning. Myelography or CT-myelography may be useful for preoperative planning according to the ODG. The claimant has guideline-associated indications for a CT scan and myelogram as the claimant has sustained neck pain attributable to trauma, has painful motion and tenderness with C6 distribution paresthesias and a suspicious MRI at C6-7. Further diagnostics are clearly indicated in order to be able to differentiate between active radiculopathy with specific nerve root impingement, likely warranting surgical planning vs. being able to rule out surgical pathology.

Depending upon the results, the claimant may well have an indication for active surgical planning. The combination of the two tests is well-documented as a supplement to MRI and electrical findings, especially when they are equivocal and/or positive, as in this case, respectively.

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)