

SENT VIA EMAIL OR FAX ON  
Jun/06/2011

## Pure Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jun/06/2011

**IRO CASE #:**

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

Cervical Myelogram

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

MD board certified anesthesiology/pain management

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

1. Office notes Dr. 10/07/10, 01/07/11 and 05/10/11
2. Operative report anterior cervical discectomy and fusion C5-6 with plating
3. MRI cervical spine 08/15/05
4. Utilization review determination 03/29/11 regarding non-certification cervical myelogram
5. Reconsideration/appeal of adverse determination 04/29/11 non-certification cervical myelogram
6. Appeal letter 04/11/11
7. Phone conference 01/26/11
8. IRO determination 02/26/09 upholding denial cervical epidural steroid injection

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a male whose date of injury is xx/xx/xx. The mechanism of injury is

not described. The injured employee is noted to be status post 360 fusion L5-S1 in 1996 with removal of hardware in 1997. The injured employee subsequently underwent ACDF C5-6 on 02/18/98. The injured employee is noted to have had a failed lumbar spinal cord stimulator trial in 08/06. The injured employee complained of neck pain with radiation into the left arm. MRI of the cervical spine on 08/15/05 revealed C6-7 moderate to severe left neural canal narrowing secondary to a posterior disc/osteophyte complex which lateralizes to the left; C7-T1 mild right sided neural canal narrowing secondary to uncovertebral and facet arthropathy and a shallow 3mm right paramedian disc protrusion; C5-6 post-surgical changes of fusion at this level with uncovertebral and facet arthropathy resulting in mild left neural canal narrowing; C4-5 mild left sided neural canal narrowing secondary to minor broad based disc/osteophyte complex with left sided facet arthropathy. On 01/07/11 the injured employee presented with complaints of burning cervical and lower back pain. Objective findings on that date reported gait was moderately antalgic; station wide based. Cervical spine examination reported mild straightening of the normal lordosis. There was bilateral motor weakness left greater than right. Sensation was normal. Deep tendon reflexes were 1+ bilaterally throughout, except 2+ bilaterally at the knees. Lhermitte's was negative with range of motion of the neck.

A utilization review determination dated 03/29/11 determined a request for cervical myelogram to be non-certified. Reviewer noted the recommendation for non-certification was based on the following reasons: 1) current MRI is over 5.5 years old. Guidelines recommend radiographs and/or MRI for patients who have had prior surgery; 2) there does not appear to be a surgery plan at this time.

A reconsideration/appeal request was reviewed on 04/29/11 and was determined to be non-certified. The reviewer noted there was no detailed physical examination findings listed on clinic note dated 01/26/11. The reviewer further noted it was unclear as to why a cervical CT myelogram study was being requested as there was no mention of any specific surgical planning or how this would be helpful in the overall treatment plan.

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

Based on the clinical information provided, cervical myelogram is not indicated as medically necessary. The injured employee is status post ACDF C5-6. The injured employee also has a history of previous L5-S1 fusion in 1996 with subsequent removal of hardware in 1997. The injured employee continued to complain of cervical pain radiating to the left upper extremity as well as lower back pain radiating into the left lower extremity. On examination the injured employee had left greater than right weakness in the bilateral upper extremities. Sensation was normal and there was negative Lhermitte's with range of motion of the neck. There was reported diminished light touch perception in a C8 distribution in the wrist and hand, with negative Phalen's, negative Tinel's and negative ulnar nerve stretch test. Per Official Disability Guidelines, plain radiographs should be the initial study performed for evaluation of patients with a chronic neck pain. Myelography is not recommended except for surgical planning, and there is no indication that the injured employee was being considered for surgical intervention. As such medical necessity is not established.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**