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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/13/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CT Myelogram of the cervical spine

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

M.D. Board Certified Orthopedic Surgeon

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

PATIENT CLINICAL HISTORY SUMMARY

This claimant is a male who was injured on xx/xx/xx. He was treated for neck and left shoulder symptomatology and was diagnosed with cervical spondylosis at C5-6 and C6-7, cervical radicular syndrome and a cervical disk protrusion at C5-6 and C6-7. He was treated conservatively with medication and an epidural steroid injection. On 01/11/11 he underwent an anterior discectomy and fusion at C5-6 and C6-7.

The claimant presented to Dr. on 04/21/11 for an exacerbation of neck pain radiating into the left shoulder, muscle spasms and difficulty with left upper extremity weakness and numbness. The examination showed pain, which was somewhat out of proportion, splinting of the left shoulder and severe out of proportion tenderness to palpation of the shoulder region, both in the trapezius, posterior deltoid and paraspinal cervical musculature. At one point with palpation of the muscles, he clenched his fist and pushed away Dr. hand. Cervical motion was moderately decreased with subjective pain, there was mildly decreased bulk in the left biceps region, mildly decreased strength and positive Waddell signs. Postoperative atypical pain somewhat out of proportion in nature and consisting of mostly myofascial type pain were diagnosed. Dr. did not believe there was any significant neural compression and recommended a CT myelogram, TENS unit, Norco and Flexeril. The requested CT myelogram of the cervical spine was denied on 04/29/11 and 05/13/11 and is currently under review.

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

A review of the records provided supports the claimant had a reported injury while on xx/xx/xx. He was diagnosed with cervical spondylolisthesis, radicular irritation and disc protrusion at C5-6 and C6-7. He is status post anterior cervical discectomy and fusion at C5-6, C6-7 on 01/11/11, without complications. Post operatively the claimant reported neck pain radiating and was only alleviated with Hydrocodone and Flexeril. The claimant saw Dr. on 04/21/11 who noted a positive Waddell signs and noted that with palpation of the musculature the claimant clenched his fist and pushed his hand away. It was felt the claimant had atypical pain somewhat out of proportion in nature consistent mostly of myofascial pain. There is not felt to be any significant neural compromise. A CT myelogram was recommended to rule out any residual nerve compression or adjacent level disc

herniations. They also wanted to use a CT myelogram for assess for nonunion, hardware malposition and neurologic compromise.

I would uphold the previous medical denials from 04/29/11 and 05/13/11. In this case, there are no plain radiographic x-rays post operatively to assess the surgical construct per Dr. Thus it is unclear what the benefit would be of ordering a CT myelogram prior to plain radiographic evaluations. There is also no progressive neurologic deficit. The reviewer finds there is no medical necessity at this time for CT Myelogram of the cervical spine.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates, Neck and Upper Back Chapter – CT, myelography

Not recommended except for indications below.

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.

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

ACOEM-AMERICA 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)