

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 05/04/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar myelogram with post CT scan

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spine problems

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
722.10	72265		Prosp.				04/16/94		Upheld

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment forms
2. Letters of denial, 03/28/11, 04/08/11, including criteria used in the denial
3. Hand-written, undated letter from injured employee
4. Clinical notes, four entries between 10/23/08, 04/30/08, 03/25/10 & 03/09/11
5. CT scan of lumbosacral spine, 07/20/07 & caudal epidural steroid injection w/epidurography 12/24/08.
6. Laboratory reports, 02/12/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a XX-year-old male with a history of injury on XX/XX/XX. The mechanism of injury is not described. He underwent a non-instrumented posterior lumbar fusion on 04/20/95. He has had intermittent, often severe low back pain with bilateral leg pain subsequently. He complains of bilateral leg pain, more on the right than the left. Physical examination documented on 03/09/11 reveals no objective neurological findings suggestive of radiculopathy. There are no recent plain x-rays of the lumbar spines submitted with the documentation. A request to preauthorize lumbar myelogram and post myelogram CT scan has been considered and denied, reconsidered and denied.

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

The patient has complaints of chronic low back pain and intermittent leg pain; however, there are no objective physical findings suggestive of radiculopathy. There are no plain x-rays of the lumbar spine obtained recently with documented results. The prior denial of the request to preauthorize lumbar myelogram and post myelogram CT scan was appropriate and should be upheld.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)