



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 4/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of an injection procedure for Myelo and/or CAT scan (62284).

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 for 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 agrees with the previous adverse determination regarding prospective medical necessity of an injection procedure for Myelo and/or CAT scan (62284).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The has a history of a low back injury sustained in xx/xx. An electrical study from 1/11 documented probable acute bilateral L5 radiculopathy and peripheral neuropathy. An MRI dated 9/10 revealed an annular tear and disc protrusion at L5-S1. Mild left exiting nerve root impingement was noted. Facet arthropathy at two levels was noted. There have been 3 MRIs and 1 CT-myelogram previously. On 2/9/11, the Attending Physician indicated that a CT-myelogram was needed for surgical planning, including for a possible fusion. Prior Attending Physician records were reviewed. The claimant was noted to be diabetic, physically "fit" however weighing approximately 340 lbs. (post some weight loss.) There was decreased S1 sensation. Prior records from a Dr. were reviewed.

A 4/13/11 dated diagnosis on a document entitled Newton All revealed a diagnosis inclusive of "depressive disorder." Prior same facility records included a diagnosis of hypertension. Treatments have included medications, ESIs and therapy.

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

The claimant has had extensive prior diagnostics, including a CT-myelogram and multiple MRIs. On this basis alone, applicable ODG criteria would not support another diagnostic CT-myelogram. However in addition, there is a discrepancy between the electrical study and imaging results, the claimant is diabetic and has a large body habitus (despite being "fit"). In addition, the claimant has been noted to not have had evidence of a psychosocial screen regarding any potential surgical candidacy. Also, there are no flexion-extension film reports evidencing a guideline-associated criteria for fusion; instability. Therefore, a CT-myelogram is not medically necessary per applicable ODG guidelines.

ODG Lumbar Spine – CT & CT Myelogram section:

Not recommended except for indications below for CT. CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. The new ACP/APS guideline as compared to the old AHCPD guideline is more forceful about the need to

avoid specialized diagnostic imaging such as computed tomography (CT) without a clear rationale for doing so. A new meta-analysis of randomized trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients. Primary care physicians are making a significant amount of inappropriate referrals for CT and MRI, according to new research published in the *Journal of the American College of Radiology*. There were high rates of inappropriate examinations for spinal CTs (53%), and for spinal MRIs (35%), including lumbar spine MRI for acute back pain without conservative therapy.

Indications for imaging -- Computed tomography:

- Thoracic spine trauma: equivocal or positive plain films, no neurological deficit
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, infectious disease patient
- Evaluate pars defect not identified on plain x-rays
- Evaluate successful fusion if plain x-rays do not confirm fusion

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)