

SENT VIA EMAIL OR FAX ON
May/10/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/10/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical & Lumbar Myelogram w/CT

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

Board Certified Neurosurgery

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

The injured employee is a female who was injured on xx/xx/xx while working. Records indicate the injured employee slipped and fell backwards while cleaning a wall in. She experienced onset of neck and arm pain. On 03/29/96 the injured employee underwent anterior cervical discectomy with interbody fusion and plating at C4-5 and C5-6. MRI cervical spine dated 07/07/09 reported postsurgical changes from previous anterior cervical fusion C4-6; no focal disc protrusions or canal stenosis identified. The injured employee was seen in consultation by Dr. on 02/24/11. It was noted the injured employee continues to have chronic mechanical neck pain with bilateral shoulder pain and arm pain and also has lumbar pain and bilateral hip and leg pain persistent since her injury. She has been under chronic pain management. She has had chiropractic care and physical therapy. She has had steroid injections. Current medications were listed as Hydrocodone and Flexeril. Examination at that time noted the injured employee to be 5'5" tall and weighs over 200 lbs. A well healed left sided anterior cervical incision was noted. There is some decreased range of motion of the cervical spine with loss of cervical lordosis, and she has paracervical muscular tightness. There was good range of motion of the shoulders. Deep tendon reflexes were trace in upper extremities. The injured employee walks with flexed posture at low back and has loss of lumbar lordosis. There was paralumbar muscular tightness. There was diminished mobility of low back. There was tenderness over both sciatic outlets. Straight leg raise was positive bilaterally around 45 degrees. There was no pain with hip rotation. Deep tendon reflexes were trace in knees and ankles. There was no focal muscular atrophy or fasciculations. There were no definite pathologic reflexes. The injured employee was recommended to undergo cervical and lumbar myelography and CT scan.

A utilization review determination on 03/08/11 recommended non-certification of cervical and lumbar myelogram with CT. It was noted there was no recent history of trauma to neck and low back area, acute onset of cervical and lumbar spine pain, and any symptomatology

indicating the presence of infections or malignant process. Additionally, it does not appear that any updated cervical or lumbar radiograph studies were performed evaluating the injured employee's neck or low back. As such, the request was non-certified as medically necessary.

An appeal / reconsideration request was reviewed on 03/24/11 and determined as non-certified. The reviewer noted that previous non-certification was rendered due to lack of documentation of recent history of trauma to neck and low back area, acute onset of cervical and lumbar spine pain, and any symptomatology indicating the presence of infection or malignant process as well as updated cervical or lumbar radiographic studies. The injured employee was noted to experience neck and back pain. Physical examination reported decreased cervical range of motion with paracervical muscle tenderness, with trace deep tendon reflexes in upper extremities. There was decreased lumbar spine range of motion with tenderness over the bilateral outlets, and positive bilateral straight leg raise test. Treatment has included medications, injections, physical therapy and chiropractic care. However there is no documentation of MRI unavailable, contraindicated or inconclusive, or CT myelogram used as a supplement when visualization of neural structures is required for surgical planning or other specific problem solving. Therefore medical necessity has not been established.

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

Medical necessity is not established for cervical and lumbar myelogram with CT. The injured employee is noted to have sustained an injury in xxxx. She underwent ACDF with plating C4-5 and C5-6 in 1996. The injured employee has continued with chronic neck and lumbar pain. Cervical MRI in 2009 revealed post operative changes from previous anterior cervical fusion C4 through C6, with no focal disc protrusions or canal stenosis identified. Records indicate lumbar MRI showed disc desiccation at L4-5 and L5-S1 with no disc extrusion. Examination on 02/24/11 reported decreased cervical spine range of motion with paracervical muscle tenderness and trace deep tendon reflexes in the upper extremities. Lumbar spine exam reported decreased range of motion with tenderness over the bilateral sciatic outlets and positive bilateral straight leg raise. There was no indication of motor or sensory deficits. No recent plain radiographs or other imaging studies of the cervical or lumbar spine were documented. Per ODG guidelines, CT scan of the cervical spine is not recommended except for suspected cervical spine trauma with paresthesias in the hands or feet, unconscious or impaired sensorium; or known cervical spine trauma with severe pain, normal plain films and no neurologic deficit. Myelogram in the cervical spine is not recommended except for surgical planning. There is no documentation that the injured employee is a surgical candidate at this time. Based on the clinical data provided, the injured employee does not meet criteria for CT myelogram of the cervical spine. In the lumbar spine, CT myelography is not recommended except for lumbar spine trauma; myelopathy secondary to trauma or infectious process; evaluate pars defect not identified on plain x-rays; evaluate successful fusion if plain x-rays do not confirm fusion. Guidelines also indicate that CT myelography is okay if MRI is unavailable, contraindicated or inconclusive. Based on clinical data provided, the injured employee does not meet these criteria for myelogram and CT of the lumbar spine.

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)