

Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Myelogram w/CT 62284 72182

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

MD, Board Certified in Neurological Surgery

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

Official Disability Guidelines-Treatment for Worker's Compensation, Chapter: Low Back – Lumbar and Thoracic, Myelography

3/8/11, 3/28/11

M.D., F.A.C.S. 12/30/02-3/17/11

Reviewer's Report 4/6/10

PATIENT CLINICAL HISTORY SUMMARY

This is a male with a date of injury xx/xx/xx, when he was attempting to push the base of a large drill press. He is status post L3-L5 decompression and fusion on 02/05/2003. He complains of increasing severe numbness and pain in his lower extremities. He has undergone medications and an ESI. His examination 02/28/2011 reveals weakness in quadriceps, foot dorsiflexion and plantar flexion. A CT myelogram 02/10/2010 shows degenerative disc disease and spondylosis worsened at L1-L2 from a comparison study of 2006. There is mild spinal and bilateral foraminal narrowing. At L2-L3 there is mild-to-moderate stenosis with bilateral foraminal encroachment.

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

The Lumbar Myelogram w/CT 62284 72182 is medically necessary. According to the ODG, "Low Back" chapter, "Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning." In this case, the claimant is a candidate for surgery, and the provider seeks this study for the purposes of surgical planning. In addition, the patient has progressive neurologic deficits, and, therefore, the Lumbar Myelogram w/CT 62284 72182 is medically necessary, as there is artifact caused by the fusion hardware with an MRI of the lumbar spine. This request is, therefore, appropriate according to the ODG. The Lumbar

Myelogram w/CT 62284 72182 is medically necessary.

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)