

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 05/02/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Appeal Lumbar myelogram with post CT Scan

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

Texas Board Certified Orthopedic Surgeon
Texas Board Certified Orthopedic Sports Medicine

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note dated 10/27/10
2. Radiographs lumbar spine dated 10/22/10
3. Clinical note dated 10/27/10 and 11/11/10, 11/17/10 and 12/06/10
4. Orthopedic evaluation dated 12/10/10
5. Clinical notes dated 12/14/10-12/30/10
6. Physical therapy notes dated 12/01/10 and 12/21/10
7. Radiographs lumbar spine dated 12/10/10
8. Texas Workers Comp Status Report dated 12/21/10
9. Clinical notes dated 01/05/11 and 01/13/11
10. Procedure note dated 01/04/11
11. MRI lumbar spine dated 11/17/10
12. Electrodiagnostic studies dated 02/15/11
13. Orthopedic evaluation dated 01/26/11
14. Utilization review dated 02/11/11 and 02/24/11
15. Appeal letter dated 03/02/11
16. Cover sheet and working documents.
17. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx when the employee slipped and fell. The employee developed low back pain radiating across the low back.

The employee was initially seen on 10/22/10 and initial physical examination revealed significant tenderness to palpation in the L5-S1 region with loss of motion in the lumbar spine. Bilateral paraspinal muscle spasms were noted and positive straight leg raise was reported at 45 degrees bilaterally. The employee had difficulty with heel and toe walking and demonstrated an antalgic gait. Initial radiograph studies completed on 10/22/10 revealed mild degenerative changes at L5-S1. The employee was placed on anti-inflammatories, analgesics and muscle relaxants at this visit. The employee was also referred for physical therapy and placed on work restrictions.

The employee underwent an MRI of the lumbar spine on 11/17/10 due to continuing left lower extremity pain. The study revealed mild disc bulging at L4-L5 with no evidence of a disc herniation at this level. Mild facet arthropathy was noted. At L5-S1, there was disc desiccation and a broad based posterior disc protrusion that flattened the ventral thecal sac. There was mild impingement on the S1 nerve roots bilaterally.

Orthopedic evaluation on 12/10/10 stated the employee has had minimal relief with Ultracet or Flexeril.

The employee completed fifteen sessions of physical therapy with no significant improvement in symptoms. Physical examination at this evaluation revealed tenderness to palpation at the lumbar paravertebral musculature. Straight leg raise was positive to the left and there was diffuse weakness in the left leg secondary to pain. Radiographs performed at that visit did not identify any definitive pars defects. The employee was recommended for an electrodiagnostic study and placed on Norco.

The employee did complete an epidural steroid injection at L5-S1 on 01/04/11.

Orthopedic follow-up on 01/26/11 stated the employee had no response to the epidural steroid injection completed at the beginning of January, 2011. The employee continued to report radiating pain through the left lower extremity. The employee stated that Lyrica and Norco make his pain tolerable. Physical examination at this visit revealed positive straight leg raise to the left. No reflex changes are present and there was decreased sensation in an L5 and S1 dermatome. The employee was recommended to discontinue physical therapy at this time and electrodiagnostic studies and CT evaluations were recommended. The request for lumbar CT myelogram was denied by utilization review on 02/11/11. The reviewing physician opined that as the employee's physical examination findings were consistent with MRI findings it was unclear how further definition of the employee's herniated disc would reasonably help the employee's clinical course. The reviewing physician also opined that it was unclear if the employee was a surgical candidate.

Electrodiagnostic studies completed on 02/15/11 revealed evidence of a left L5-S1 radiculopathy with signs of active denervation.

The request for a lumbar CT myelogram was denied by utilization review on 02/24/11. The reviewing physician's opinion was not provided for review.

An appeal letter dated 03/02/11 stated the employee was in fact a surgical candidate, and the employee was ready to proceed with surgery. The CT myelogram would be used to identify the approach at L5-S1 and to define the pathology at L4-L5.

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

The employee has objective evidence consistent with lumbar radiculopathy secondary to a large disc protrusion at L5-S1. There is encroachment of the S1 nerve roots on the MRI study and electrodiagnostic studies and physical examination findings are consistent with the MRI findings. The appeal letter provided for review does state the employee is a surgical candidate and requires CT myelogram studies to define the foramina at L4-5 and L5-S1 to assist with surgical approach. Current evidence based guidelines do recommend the use of CT myelogram studies in employees who are expecting spinal surgeries to further define bony pathology and to determine the extent that neural foraminotomies or laminectomies may be required. Given the employee's soft tissue pathology and the establishment of a surgical candidate, medical necessity would be supported.

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

Official Disability Guidelines, Low Back Chapter
CT & CT Myelography (computed tomography)

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. ([Seidenwurm, 2000](#))