

SENT VIA EMAIL OR FAX ON
Oct/13/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Injection procedure for myelography and or computed tomography, spinal (other than C1-C2 and Posterior Fossa)

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

Orthopedic spine surgeon, practicing neurosurgeon

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

reportedly injured his low back after carrying a heavy box. MRI of lumbar spine dated 07/14/11 revealed multilevel degenerative disc disease. The patient was treated conservatively with physical therapy / exercise program, medications, epidural steroid injections, and pain management. Electrodiagnostic testing reportedly revealed bilateral L5 and right sided S1 radiculopathy; however, no report of this diagnostic study was submitted for review. The patient was seen in surgical consultation by Dr. who recommended lumbar discography. A preauthorization request for lumbar discogram was denied. The claimant was seen in follow-up by Dr. on 08/09/11 with chief complaint of back pain and bilateral leg

pain worse on right. The patient reported he has had provocative discography and post discogram CT scan, but the report was not available. Dr. noted he would like to see report of discography to delineate the pain generators prior to discussing surgical intervention.

A preauthorization request for lumbar myelogram with post CT scan was reviewed by Dr. on 08/25/11 and was determined as not medically necessary. Dr. noted a single note from Dr. states he wanted to look at CT discogram to determine a surgical treatment plan. There was no mention for need of CT myelogram. The claimant was noted to have multilevel stenosis on MRI and repeat MRI. There is no clinical rationale for this additional imaging study. There is no exam by Dr. available to review. It is recommended that exam be submitted for review as well as clinical rationale for another imaging study and review of discogram.

An appeal request for lumbar myelogram with post CT was reviewed by Dr. on 09/12/11 and again the request was determined as not medically necessary at this time. It was noted the claimant has ongoing low back pain that radiates into bilateral lower extremities. MRI on 07/14/11 revealed disc protrusions and disc bulging with neural foraminal narrowing, and is a candidate for surgery. ODG guidelines recommend myelogram and CT only if MRI is unavailable, contraindicated or inconclusive. The claimant has had two prior MRIs that were not inconclusive and correlated with the claimant's clinical findings. Therefore, the request is not warranted per evidence based guidelines.

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

Based on the clinical information provided, the proposed injection procedure for myelography and / or computer tomography spinal (other than C1-C2 and posterior fossa) is not supported as medically necessary. The claimant is noted to have sustained an injury to the low back on 08/18/10. Treatment to date is noted to include medications, physical therapy and epidural steroid injections without significant improvement. Records indicate the claimant has undergone previous MRIs most recently on 07/14/11. This study revealed multilevel degenerative disc disease with disc protrusions, foraminal narrowing, and spinal canal stenosis of varying degrees at various levels throughout the lumbar spine. As noted on previous review, ODG guidelines reflect that CT myelogram may be indicated if MRI is unavailable, contraindicated or inconclusive. The claimant in this case did not fulfill ODG criteria and medical necessity is not established. Therefore, the previous denials should be upheld on IRO.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES