

SENT VIA EMAIL OR FAX ON
Sep/06/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient lumbar myelogram CT

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)

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female whose date of injury is xx/xx/xxxx. The records indicate that she began to have low back pain radiating to the coccyx and buttocks. She has a history of a previous injury with low back pain earlier in this same year. MRI of the lumbar spine done 07/08/09 was reported as a normal study. She reportedly was treated with physical therapy and medications. CT scan performed 12/18/09 revealed no bony spinal stenosis or foraminal stenosis. Repeat MRI dated 02/11/10 was normal. MRI dated 11/04/10 again was unremarkable. The injured employee underwent designated doctor evaluation on 09/13/10. The designated doctor noted that the injured employee was seen by two neurosurgeons who told her she was not a candidate for surgery. The injured employee was determined to have reached maximum medical improvement as of 07/26/10 with 0% impairment. The injured employee was seen by Dr. on 10/11/10. He noted that the injured employee complained of severe lumbar pain with discomfort in the left hip and buttock area and pain down the left leg. The left leg pain has gotten worse. She has been taking Tylenol, Aleve and Advil. She has had chiropractic care, physical therapy and oral steroids. On examination she is 5'6" in height and weighs about 250 pounds. She walks with a flexed posture of the low back. There is loss of lumbar lordosis. She has paralumbar muscular tightness. She has a left antalgic gait. There is tenderness over the left sciatic outlet. Straight leg raise is negative on the right, positive on the left at about 45 degrees. Deep tendon reflexes are 2+ and equal except for 1+ left ankle reflex. There is scattered hyperalgesia down the lateral aspect of the distal left leg and into the lateral foot. There is no muscle atrophy or fasciculations. No pathologic reflexes were identified. The injured employee was recommended for lumbar

epidural Depomedrol injection, but this was denied. Progress note dated 06/29/11 indicates the injured employee has had severe lumbar pain and radiating left leg pain since the date of injury. On examination straight leg raise is positive at less than 45 degrees. There is a depressed left ankle reflex. She has left antalgic gait. There is tenderness over the left sciatic notch. Flexion of the low back reproduces pain down the left leg. On 07/25/11, it was noted the injured employee had denial of lumbar epidural. Pain pattern is unchanged. She is noted to be a large woman and MR scans not uncommonly miss root compression. There were no major differences on her examination. She is unable to work. Lumbar myelogram and post myelographic CT was recommended.

A notice of utilization review findings dated 08/02/11 recommended non-authorization of outpatient lumbar myelogram/CT. The reviewing physician noted that the injured employee has been treated with medication, chiro care, physical therapy. In 03/09 she had MRI show no significant abnormality. When examined 10/11/10 she was 5'6" and 250 pounds, positive straight leg raise on the left, decreased left ankle reflex and "scattered" decreased sensation in the left leg. She has been followed over the next year and a half by Dr. with the same exam findings and desire to do an epidural steroid injection which has been denied. She has had variable reports of weak plantar flexion. On 07/25/11 Dr. "could find no major differences on her examination." Myelography is noted to be recommended as an option and okay if MRI is unavailable. It was noted that the injured employee has had prior basically normal MRI. She does not have consistent physical findings of radiculopathy and therefore there is not an indication for repeat MRI or myelogram.

A notice of utilization review findings dated 08/05/11 regarding reconsideration of non-authorization of outpatient lumbar myelogram/CT and the original decision was upheld. It was noted the injured employee has undergone two MRIs which have been interpreted as essentially normal. The documentation fails to identify any definite objective findings consistent with radiculitis. There is no comprehensive evaluation of the claimant's symptoms as well as no physical or neurologic examinations. It is noted the injured employee has diminished Achilles reflex. It has been reported there are sensory changes, but the documentation does not indicate what type of sensory loss the claimant is experiencing. The original diagnosis was lumbosacral sprain which appears to be consistent with the injured employee's symptomatology. She has undergone chiropractic care, medications and physical therapy, although there are no details of conservative treatment performed or how the claimant responded to treatment. The injured employee is 5'6" and 250 lbs, is a smoker, and there is no indication she has been placed on reduced weight program which would be essential in decreasing low back pain. She has normal MRIs. She does not have consistent objective findings of radiculopathy. ODG recommends there must be significant changes in the injured employee's symptoms and / or findings that would suggest significant pathology. Therefore, the previous review denial was upheld.

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

Based on the clinical information provided, the request for outpatient lumbar myelogram with post CT is not indicated as medically necessary. The injured employee sustained an injury to low back on xx/xx/xx. She is noted to have had previous injury to low back earlier that year. MRI scans performed 07/08/09, 02/11/10, and 11/04/10 were all reported as essentially normal studies. CT scan of lumbar spine performed 12/18/09 revealed no evidence of bony spinal stenosis or foraminal stenosis. Records indicate the injured employee was seen by two neurosurgeons who noted she was not a surgical candidate. The injured employee has no evidence of motor weakness with non-specific sensory deficit. Per ODG guidelines, myelogram may be indicated if MRI is unavailable, inconclusive or contraindicated. The injured employee has had 3 previous MRIs, and MRI is clearly not unavailable. There is no evidence that the findings are inconclusive as 3 scans over a period of approximately a year and half were consistently normal. The injured employee was determined to have reached maximum medical improvement with 0% impairment rating per designated doctor evaluation. There is no clear clinical indication for CT myelogram of lumbar spine. The previous reviewers correctly determined the request to be non-certified, and should be upheld on IRO.

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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES