

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Spine CT Myelogram (72132, 62284)

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

M.D. Board Certified Orthopedic Surgeon

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 in Worker's Comp
Worker's Comp Services Denial letter to claimant-7/28/11
Worker's Comp Services Notification of Determination -7/19/11
Addendum Dr. -7/20/11
Office Notes Dr. - 7/6/11
Office Notes Dr. - 5/3/10
MRI Lumbar Spine- 7/30/09
Worker's Compensation Verification- 7/6/11
Recheck Visit-5/18/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a date of injury of xx/xx/xxxx when a trailer fell on him causing him to fall backwards landing on bottles of Freon and striking his back. The claimant had a history of L4 discectomy in 1996. The current diagnoses are chronic postoperative pain, lumbar intervertebral disc disruption without myelopathy, low back pain, and lumbosacral neuritis. The claimant had an MRI on 7/30/09, which showed there was a broad based and left paracentral disc protrusion at L5-S1 as well as some facet hypertrophy. This resulted in bilateral foraminal narrowing at L5-S1. There was also mild to moderate annular protrusion at L4-5, without stenosis. The broad based annular disc protrusion with central component at L3-4 created a mild degree of stenosis at L3-4. The claimant returned to Dr. on 4/18/11 and reported that he did not get any relief with the caudal epidural steroid injection he received on 3/24/11, but the medications were producing a good analgesic effect. He continued to have decreased range of motion in the lumbar spine. It was recommended that the claimant have an EMG/NCV. The claimant had the testing on 5/3/11 and it showed suspect modest left greater than right L5 radiculitis. There was no nerve entrapment noted and no evidence for generalized lower extremity peripheral neuropathy by nerve conduction studies. There were no myopathic changes. There was a history of low back pain with disc bulges particularly at L5, S1 with narrowed foramen at these levels. It was recommended that the claimant undergo bilateral L5 lumbar epidural steroid injections and physical therapy. The claimant

was seen by Dr. on 7/6/11 and reported that he continued to have pain and radicular symptoms in the right leg to foot. He also reported numbness in his right lateral thigh and anterior calf. He reported that he had not had physical therapy and the one injection had not helped. The exam showed decreased sensory in right anterior thigh, lateral calf, lateral and dorsal right foot. He had tenderness at mid low lumbar spine and the right sciatic notch. The exam showed limited range of motion for flexion and extension.

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

As per the Official Disability Guidelines, a CT myelogram is recommended if the MRI is unavailable, contraindicated or inconclusive. In this case the claimant has had both an MRI of the lumbar spine and an EMG of the lower extremities. The EMG demonstrated only left greater than right L5 radiculopathy. There is by the MRI disc bulging at the L5-S1 level, bi-level foraminal narrowing. Dr. is most concerned about a physical examination suggestive of a right S1 radiculopathy. This claimant is status post a previous L4 discectomy, has had chronic postoperative low back pain. There is no documentation as to whether or not there are any new findings on physical examination, which could be related to the right S1 nerve root. EMG is negative for an S1 radiculopathy. Absent convincing findings of a neurologic finding affecting the right S1 nerve root, a Lumbar Spine CT Myelogram (72132, 62284) would not be considered medically necessary in this case based on the Official Disability Guidelines.

Official Disability Guidelines, Treatment in Worker's Comp 16th edition, 2011 Updates – Low Back

CT Myelography

Not recommended except for indications below for CT. CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. (Slebus, 1988) (Bigos, 1999) (ACR, 2000) (Airaksinen, 2006) (Chou, 2007)

Indications for imaging -- Computed tomography

- Thoracic spine trauma: equivocal or positive plain films, no neurological deficit
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, infectious disease patient
- Evaluate pars defect not identified on plain x-ray
- Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989)

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)