Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 11, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed x-ray Myelogram of Cervical spine (72240) with CT without contrast (72125), x-ray Myelogram of Thoracic Spine (72255) with CT without contrast (72128), and x-ray Myelogram of Lumbar spine (72265) with CT without contrast (72131)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

☐ Upheld (Agree)

☐ Overturned (Disagree)

XX Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.81	72240		Prosp	1			4.20.06	99G0000448374	Overturn
722.81	72125		Prosp	1			4.20.06	99G0000448374	Overturn
722.81	72255		Prosp	1			4.20.06	99G0000448374	Upheld
722.81	72128		Prosp	1			4.20.06	99G0000448374	Upheld
722.81	72265		Prosp	1			4.20.06	99G0000448374	Overturn
722.81	72131		Prosp	1			4.20.06	99G0000448374	Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Request for an IRO-20 pages

Respondent records- a total of 288 pages of records received to include but not limited to:

letter 3.22.12; records (scans, studies, reports, notes) 3.6.08-2.13.12; Laboratories report 12.21.11; 3.2.11; notes, 11.10.10-8.15.11; records 7.30.11-7.31.11; Physical Medicine Consultants report 7.13.1; FCE report 3.12.10, 11.18.10; MRI Lumbar spine 7.8.08; DWC forms 73; MRI Cervical 2.31.08; Neuro EMG, PA 10.20.07; records 7.24.07-11.20.07; records 8.3.06-7.12.07

Requestor records- a total of 83 pages of records received to include but not limited to: letters 2.17.12-3.23.12; provider list; report. 8.2.11; DDE report 8.8.11; notes, 5.16.11-8.15.11; records, 7.30.11-731.11; note 8.29.11; ED Encounter summary report 12.2.11; report 1.3.12; report 2.13.12; report 2.24.12; letter 3.23.12; ODG Neck and Upper Back (Acute and Chronic); ODG Low Back-Lumbar and Thoracic (Acute and Chronic)

PATIENT CLINICAL HISTORY [SUMMARY]:

As noted in the medical records, this claimant has had a 2 level cervical spine fusion surgery completed on 08-03-2006 and she had this revised by on 03-03-2009 due to pseudathrosis at C6-7. The C4-5 level was added to the construct by due to her myelopathy.

She also had a lumbar spine fusion at L5-S1 completed on 12-14-06 by

on the 10-22-2007 DDE noted she had 8 of 8 Waddell signs positive.

had done a 07-13-2011 post Designated Doctor RME and found no objective evidence of thoracic radiculopathy and no objective evidence for lumbar radiculopathy.

She failed to complete her functional recovery program with

On 02-13-12, noted giveway in all of her strength testing. Sensory testing was unreliable. There were no reflex changes. She had an odor of smoking yet even though she reported she had quit smoking. There were no objective neurological deficits noted in the lower extremities but there were abnormal radiographic findings in the cervical spine including one of the C7 screws had backed out almost 2 mm and there was a pseudoarthrosis at C6-7.

noted she was difficult to assess and was concerned regarding radiculopathy but less likely myelopathy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The patient does appear to have psychological components which makes her clinical exam assessment more difficult. Given the complex history of surgical intervention allowed as "related" and the presence of hardware now both in the neck and low back the use of a myelogram/CT scan to assess her cervical and lumbar spinal canal anatomy would be reasonable. There would be no necessity for a thoracic myelogram CT scan as a regular MRI could be done for this spine segment if it were deemed medically necessary.

RECOMMENDATION: Thus, the proposed myelogram CT scan is partially approved for the cervical and lumbar spine. This will allow specific assessment of the pseudoarthrosis level but also for other spinal canal anatomical changes that correlate or do not correlate with her complaints and inconsistent findings.

REF: *Official Disability Guidelines* TWC Neck/Low Back

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

☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

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

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

XX 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)