

# I-Decisions Inc.

An Independent Review Organization  
5501 A Balcones Drive #264  
Austin, TX 78731  
Phone: (512) 394-8504  
Fax: (207) 470-1032  
Email: manager@i-decisions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Apr/19/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar Myelogram with CT, as an outpatient

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

M.D., Board Certified 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**

Official Disability Guidelines and Treatment Guidelines

Request for IRO dated 04/02/12

Utilization review determination dated 01/28/12

Utilization review determination dated 02/08/12

MRI lumbar spine dated 06/29/11

EMG/NCV study dated 09/15/11

DWC form 69 dated 11/16/11

MMI report dated 11/16/11

Clinic note dated 01/18/12, 02/01/12

MRI lumbar spine dated 08/17/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who is reported to have sustained injuries to low back on xx/xx/xx when she was reportedly pulled to the ground. She presented with low back and radicular syndrome. She saw on 07/21/11 with complaints of low back pain and leg pain. She was initiated on a course of physical therapy. Radiographs performed on 07/21/11 were unremarkable. She had MRI of lumbar spine on 06/29/11. This study showed congenital and acquired factors combining to produce spinal stenosis at L3-4 and L4-5. On 09/13/11 she underwent EMG/NCV, which showed electrodiagnostic evidence of lower motor neuron disorder in right lower limb with evidence of chronic reinnervation, changes distally most likely due to history of polio. A repeat MRI of lumbar spine was performed on 08/17/11. This study notes spinal stenosis at L4-5 with AP diameter of 8.2 mm. There is moderate foraminal stenosis at L4-5. At L3-4 there is moderate stenosis with AP diameter of 10 mm with transverse diameter somewhat narrowed by proximity of facet joints at this level as well as at L4-5. On 01/18/12, the claimant was seen by. She had a lumbar epidural steroid injection, which did not help. She continues to have low back and bilateral leg pain. She had EMG/NCV of right lower extremity. Her pain levels are reported to be 9/10 and with medications decreased to 7/10. Current medications include Xanax, Lisinopril, Flexeril, Hydrocodone, and Synthroid. She is 5'10" and weighs 155 lbs. She ambulates with a

walker, and it is difficult for her to walk without a walker. She has had polio since age 3 and her left leg is shorter than the right. She has been using a walker more recently due to continued pain in low back and legs. She has difficulty going from sitting to standing position, secondary to low back pain. Range of motion of lumbar spine is reduced. Motor exam reveals 2/5 left foot dorsiflexion weakness and EHL weakness. There is 4/5 right foot dorsiflexion, which is reported to be new since her on the job injury. Sensory exam reveals hypoesthesia to pinprick over both feet.

There is 1+ right knee reflex and left knee reflex is absent. Ankle reflexes are absent. MRI of lumbar spine dated 06/29/11 is discussed. There is report of EMG/NCV examination dated 11/16/11, which is not included for review. MRI of lumbar spine dated 08/17/11 is discussed. The claimant was recommended to be seen by urologist to evaluate bladder function and lumbar myelogram was requested to evaluate lumbar stenosis.

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

The submitted clinical records indicate the claimant injured her low back as result of work related activity. The claimant has undergone two MRIs of lumbar spine, which clearly show evidence of stenosis at L3-4 and L4-5 levels. She has undergone EMG/NCV, most recent was not included for review. There was no indication in the clinical record that the claimant has developed progressive neurologic deficit, which would require re-imaging or performance of CT myelogram. Therefore, based on the information provided, the ODG criteria for the requested procedure has not been satisfied. The reviewer finds no medical necessity at this time for Lumbar Myelogram with CT, as an outpatient.

#### **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)