**SENT VIA EMAIL OR FAX ON**
**Apr/06/2012**


# Applied Assessments LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**
Apr/05/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**
Scan of Lumbar Spine

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**
Board Certified Orthopedic Spine Surgeon, Practicing Neurosurgeon

**REVIEW OUTCOME:**

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

[ X ] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**
OD Guidelines
Request for IRO dated 03/20/12
Utilization review determination dated 01/30/12
Utilization review determination dated 03/14/12
Operative report dated 10/01/09
Clinical records dated 11/01/98-02/13/12
Inpatient medical records

**PATIENT CLINICAL HISTORY SUMMARY**
The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. The records provided indicate the claimant has had multiple work related injuries that resulted in surgeries to cervical and lumbar spine. Records indicate the claimant initially had surgical intervention due to disc herniation at L4-5 level. He is reported to have recovered well and subsequently went back to work and reinjured himself on 05/98 which subsequently resulted in performance of left L4-5 exploration, decompression, and excision of recurrent disc.

The records subsequently indicate the claimant sustained work related injuries on xx/xx/xx when he slipped and fell. He had sudden onset of low back and leg pain. Records indicate the claimant was returned to surgery on 05/05/99 at which time he underwent lumbar interbody fusion from L4-S1.

Records indicate the claimant sustained further injuries as result of unloading generator and

on 01/05/01 he underwent a two level ACDF at C5-6 and C6-7.

The record includes CT myelogram of cervical spine performed on 01/17/03. This study notes satisfactory appearing postoperative changes in cervical spine with evidence of cervical spondylosis with hypertrophic changes to posterior elements and ligamentum flavum. Evaluation of lumbar spine shows no significant extradural defects. Canal contents are unremarkable.

The claimant is reported to have sustained a work related injury on 04/07/08. He is reported to have been pulling slopes from rotary rig and had onset of severe pain in posterior cervical and intrascapular area. He is noted to have continued to work prior to being seen by. Cervical x-rays are reported to show solid fusion at C3-4 and anterior fusion and plate from C5-7.

Records indicate on 10/01/09 the claimant was returned to surgery for interbody fusion at C4-5 with anterior discectomies at C4 and C5 and bilateral C5 nerve root decompression.

On 06/22/10 the claimant underwent MRI of cervical spine. He is noted to have multilevel of spondylitic changes. There is signal abnormality causing bone marrow edema at C4 and C5 with associated enhancement. It is noted there is radiographic evidence of fractured screw at C4 and that the signal abnormality may be complication of loosening. Records indicate the claimant underwent CT myelogram on 08/13/10. This study notes postoperative changes to extensive ACDF extending from C3-7. There is anterior compression plate noted extending from C4-5 with fractures and orthopedic screws at C4 and fixation of screws at C5. Bony fusions extend across C3 and C4 disc spaces. There is moderate spinal canal stenosis at C4-5 secondary to posterior hypertrophic spurring and posterior ridging. When seen in follow-up on 08/23/10 recommends posterior C4-5 decompression. Records indicate the claimant was returned to surgery on 10/26/10 at which time he underwent decompressive C4-5 laminectomy and bilateral C5 nerve root decompression. Postoperatively on 11/18/10 the claimant is reported to feel stronger and no longer has spare neck pain. He has no radicular pain of deltoid area with fairly good range of motion. When seen in follow-up on 02/07/11 it is noted the claimant no longer has any weakness in extremities and no radicular shoulder or arm pain. He has good range of motion of neck. The record includes radiographs of cervical spine dated 05/10/11 which indicates stable cervical spine.

The claimant was seen in follow-up on 05/10/11 and was noted to have gotten stronger since surgery. He has chronic mechanical neck pain. He has no true radicular shoulder or arm pain. He reported taking occasional Hydrocodone and Soma. The claimant was seen in follow-up on 08/11/11. He is noted to be stable with no significant issues. He is noted to use occasional Hydrocodone and Soma.

Records indicate the claimant was seen in follow-up by on 01/09/12. He is reported to have increasingly severe cervical pain and lumbar pain. He reported increasing weakness in arms and legs. He is reported to generally to appear weaker. CT scans of cervical and lumbar spine were requested.

The initial review was performed on 01/30/12 by. non-certified the request which was reported to be for repeat MRI of cervical spine, lumbar spine, lumbar CT and repeat CT of cervical spine. He notes repeat MRI is not routinely recommended unless there is significant change in symptoms. He cites Official Disability Guidelines regarding CT and CT myelogram. He further notes that the follow-up notes only provide patient's subjective complaints with no documented examination findings, and therefore, he non-certified the request.

The appeal request was reviewed by. non-certified the request. She notes no recent history of trauma. The claimant has complaints of lumbar pain. She notes insufficient history regarding frequency and distribution of pain. There is no history consistent with myelopathy or radiculopathy. There is no detailed physical examination and virtually no neurologic examination. As such, she non-certified the request.

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

The request for scans of lumbar spine are not supported as medically necessary and the prior utilization review determinations are upheld. The records indicate the claimant has extensive history of surgery in cervical and lumbar spine. The claimant has multiple work related injuries which ultimately have all resulted in surgeries to cervical and lumbar spine. Postoperatively it appears the claimant recovered sufficiently to return to work and reinjure himself. Most recent clinic notes do not provide detailed objective physical examination findings and serial data to establish there has been significant change in the claimant's clinical presentation. In absence of such historical data, there is insufficient clinical information to establish a progressive neurologic deficit for which repeat imaging would be clinically indicated.

**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**

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

**[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

**[ ] MILLIMAN CARE GUIDELINES**

**[ X ] 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)**