

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Nov/28/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CT myelogram post operatively in the lumbar spine

A 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization reports dated 03/15/10 – 03/12/12

Surveillance report dated 03/01/11

Emergency room clinical record dated 07/07/10

Drug screen reports dated 06/18/10 and 09/25/12

Designated doctor's evaluation dated 06/22/12

Letter of appeal dated 06/23/10

Procedure notes dated 06/21/10 – 10/08/12

Physical therapy reports dated 04/16/10 – 11/15/11

Employer's first report of injury or illness dated 03/01/10

Associate statement dated 03/01/10

Care Now clinical notes dated 03/01/10 – 03/12/10

Radiographs lumbar spine 03/15/10

Care Now clinical notes dated 03/19/10 – 04/22/10

MRI lumbar spine dated 04/30/10

Care Now clinical note dated 05/05/10

Clinical note dated 05/26/10 – 11/09/12

CT myelogram lumbar spine dated 08/04/10

Radiographs lumbar spine dated 12/02/10

MRI lumbar spine dated 01/28/11

Electrodiagnostic studies dated 02/18/11

Radiographs of the chest dated 06/14/11

Operative report dated 06/21/11

Pathology report dated 06/22/11

Radiographs lumbar spine dated 10/14/11

Radiographs lumbar spine dated 06/19/12
MRI lumbar spine dated 07/11/12
Prior reviews dated 10/18/12 and 11/05/12
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx when she stepped off a footstool, twisting her left ankle and low back. The patient is status post right L5-S1 laminectomy, partial medial facetectomy, and disc decompression on 06/21/11. Postoperatively, the patient had no complaints of low back or lower extremity pain; however, approximately 2 months following the surgical procedure, the patient began having a recurrence of low back pain radiating to the lower extremities. The patient was provided postoperative physical therapy and did undergo postoperative injections. Radiographs of the lumbar spine completed on 06/19/12 revealed a prior hemilaminectomy at L5 with no evidence of motion at the L5-S1 level. Postoperative MRI studies of the lumbar spine dated 07/11/12 revealed mild posterior disc bulging at L3-4 of 1-2 mm. Moderate facet degenerative joint disease was noted and there was no evidence of significant canal or foraminal stenosis at this level. At L4-5, there was a 3-4 mm posterior midline disc bulge that did not appear to have progressed in comparison to prior studies. Moderate facet degenerative joint disease was noted contributing to mild lateral recess stenosis with no evidence of nerve root compression or displacement. There was also mild foraminal narrowing noted bilaterally at this level. At L5-S1 there was a 4-5 mm posterior disc bulge with prior surgical changes noted. There was residual bulging disc material; however, no recurrent disc herniation was reported. Moderate degenerative joint disease within the facets was noted and there was moderate left lateral recess stenosis with moderate compression of the descending left S1 nerve root. Moderate foraminal stenosis was noted that was stable when compared to prior studies. Clinical evaluation with on 07/23/12 stated that the patient did have some improvements with recent trigger point injections. The patient also reported good results with the use of Norco and a Medrol DosePak. The patient did report complaints of foot drop in the right lower extremity. Physical examination at this visit revealed positive straight leg raise to the right at 45 degrees with very mild weakness noted at the extensor hallucis longus. There continued to be hypoesthesia in a right L5 nerve root distribution. Follow-up on 10/10/12 stated that the patient's response to epidural steroid injections (performed on 10/08/12) was not significant. The patient continued to report right lower extremity pain with dragging of the right foot. Physical examination revealed mild but worsened right foot dorsal flexion weakness and mild left extensor hallucis longus weakness. There was hypoesthesia to pin in the right foot and reflexes were absent in the ankles bilaterally. The patient was recommended for CT myelogram studies of the lumbar spine. The patient was also continued on narcotic medications. The patient was seen on 11/09/12 with continuing complaints of low back pain radiating to the lower extremities. Physical examination at this visit revealed continued right plantar flexion weakness rated at 4+/5. There was also left extensor hallucis longus weakness and hypoesthesia in the dorsum of the right foot. Continued loss of range of motion was noted and Achilles reflexes were again absent bilaterally.

The request for CT myelogram studies of the lumbar spine was denied by utilization review on 10/18/12 as the patient had recent imaging studies in 07/12 and there was no indication for repeat studies.

The request was again denied by utilization review on 11/05/12 as there was no evidence of changes in physical examination findings or complaints since the 07/12 MRI study.

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

The request for repeat CT myelogram of the lumbar spine is recommended as medically necessary based on the clinical documentation provided for review. The patient's MRI imaging studies from 07/12 revealed degenerative joint disease at L3-4 and L4-5 at the facets with evidence of mild lateral recess and foraminal stenosis. There was residual disc material at L5-S1 with noted compression of the descending left S1 nerve root secondary to left lateral

recess stenosis. There was also moderate foraminal stenosis at L5-S1. The patient did not respond overall to the Medrol DosePak or the epidural steroid injections. The most recent clinical evaluations do reveal some progression of the patient's lower extremity weakness. The patient's right-sided weakness was not fully explained by the MRI studies from 07/12 and CT myelogram studies of the lumbar spine would reasonably help evaluate the bony structures of the lumbar spine as well as rule out significant extradural defects or foraminal filling which could identify further nerve root compression to the right side at either L4-5 or L5-S1. The patient's left-sided is consistent with the previous MRI studies; however, given the patient's persistent weakness on the right side on physical examination, further evaluation with CT myelogram studies would be appropriate in order to determine the most appropriate course of treatment for the patient. As such, medical necessity for the requested repeat CT myelogram studies of the lumbar spine is medically necessary and the prior denials are overturned.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES