

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/27/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Spine Myelogram W/CT

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

M.D., Board Certified Orthopedic Surgery

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 Low Back

Utilization review determinations, 12/29/11 and 12/12/11

Clinical records Dr. 08/15/11-11/07/11

Procedure report right L4-5 transforaminal epidural steroid injection 09/16/11

EMG/NCV study right lower extremity 08/25/11

Clinical records Dr. 07/12/11-08/02/11

Clinical note Dr. 08/01/11

MRI lumbar spine 08/01/11

Clinical note Dr. 12/01/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who reports sustaining an injury to his low back as a result of lifting . He developed low back pain and was evaluated at medical center by Dr.. When seen on xx/xx/xx the claimant reports pain radiating into the right lower extremity. He is well developed and well nourished. He has negative straight leg raise. Reflexes are symmetric. He has normal gait. He has tenderness over the bilateral SI joints. Range of motion is nearly full. Reflexes are equal. Sensory is intact. Motor is graded as 5/5. He was diagnosed with lumbar strain and radiculopathy and was referred for physical therapy. On 07/26/11, it was reported that he had three sessions of physical therapy with no significant improvement. His reflexes are symmetric but diminished bilaterally. MRI of the lumbar spine notes no significant abnormalities at L1-2 L2-3. At L3-4 at L4-5 there is 2.3mm generalized protrusion present with bilateral facet arthropathy and central canal stenosis is present. At L5-S1 there is evidence of previous left laminectomy and post-operative changes are present. A spur projects into the left subarticular recess producing left subarticular recess and foraminal narrowing. At follow up appointment with Dr. on 08/02/11 the claimant is reported to have moderate pain in his low back radiating down his right leg to his foot. His reflexes are

hyperreflexic and symmetric bilaterally. He has a slightly antalgic gait. On 08/15/11 the claimant was seen by Dr.. It is noted that the claimant had two lumbar surgeries at L5-S1 in 1996 the first done by an orthopedist, which did not help and he was later seen by Dr. a neurosurgeon, which produced relief. He has an antalgic gait to the right side, positive dural tension sign on the right, reduced lumbar range of motion. He has grade 1 weakness on the right side. The left is completely normal. He is noted to have weakness in the right ankle dorsiflexion and knee extensors. He was initiated on Neurontin and right L4-5 transforaminal epidural steroid injection was advised. On 08/25/11 the claimant was referred for EMG/NCV study, which notes evidence of a right L4 radiculopathy subacute and severe. A lumbar epidural steroid injection at L4-5 was performed on 09/16/11.

Post-procedurally the claimant is reported to have some improvement. He is noted to still have some paresthesias in the L4 distribution in the right leg. He appears to have normal strength. The claimant was seen by Dr. on 11/07/11. He returned to work at light duty with a 10 pound lifting restriction after LESI and physical therapy. His pain is returned to a pre-injection pre-physical therapy level. He again shows evidence of mild weakness in the right ankle evolver and dorsiflexors. The claimant was seen by Dr. on 12/01/11. He has an antalgic gait pattern. He has some weakness in the right leg and quadriceps gastrocsoleus tibialis anterior and EHL graded as 4/5. Sensation is decreased in the right medial calf when compared to the left. He has a significant straight leg raise on the right when compared to the left. Dr. reports that there are findings on his MRI done in August that are suggestive of a facet cyst at L4-5 with stenosis at L4-5. He recommends looking further to see if this is the level that would be addressed surgically and recommends a CT myelogram.

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

This man developed low back pain after picking up. He has a history of previous lumbar surgery at the L5-S1 level. He remains symptomatic. He has had some transient relief of his lower extremity radiculopathy with epidural steroid injection however his symptoms have now returned. He has evidence of a recurrent progressive motor strength weakness in the lower extremity. There is a lack of correlation between MRI, electrodiagnostic studies, and the claimant's physical examination. Electrodiagnostic studies and physical examination indicate an L4 radiculopathy, however there is not clear evidence of pathology at this level. The performance of CT myelogram of the lumbar spine is clinically indicated to determine if there is any significant stenosis at these levels that would account for the claimant's progressive neurologic deficit. Further, these studies would be utilized in pre-operative planning. The reviewer finds there is sufficient data to establish the medical necessity of Lumbar Spine Myelogram W/CT. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned.

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)