Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 1/6/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a CT myelogram lumbar spine with contrast (72265 & 72132).

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a CT myelogram lumbar spine with contrast (72265 & 72132).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Healthcare and MD

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Healthcare: Denial letters – 10/25/11 & 11/10/11; xxxx Utilization Review Referral Form – 12/7/11;, MD Script – 12/6/11, Patient Medical History – 12/8/11, Office Notes – 7/21/11 & 10/13/11, Inbound Notification – 5/12/11; CIRPA Lumbar MRI – 7/8/11; PT Progress report/Plan of Care – 9/2/11, PT Outpatient Recertification – 8/1/11; Medical Care Coordinator letter – 7/21/11; and Letter from Patient – 11/4/11.

Records reviewed from MD: xxxxxx lumbar Myelogram & Post Myelogram CT Lumbar Spine – 12/23/11; PT Outpatient Evaluation – 8/1/11; PT Outpatient Daily Notes – 8/24/11-9/19/11; and Progress Notes – 6/23/11-7/6/11.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The Attending Physician records were reviewed. The injury mechanism was noted to have been xxxxxxx. On xxxxx, the claimant has had persistent low back pain with radiation to the lower extremities, along with decreased sensation, motor power and trace ankle reflex in the left lower extremity. ESIs were declined due to reported patient decrease in symptoms. A CT myelogram was considered, as the condition persisted despite therapy and medications. An MRI dated 7/8/11 revealed a disc protrusion with some central stenosis at L4-5, along with degenerative changes at other levels. A 12/23/11 dated CT-myelogram revealed similar findings at L4-5 and a disc bulge at L5-S1. Actual PT records were also submitted and reviewed, with the most recent records documenting a decrease in symptoms. The 11/4/11 dated claimant appeal was reviewed, documenting persistent symptoms.

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

There was no indication of the rationale (from a decision tree/future planning standpoint) for the CT-myelogram. There was no documentation of response to the prescribed medications with regards to the pain scale/visual analog score. There was improvement noted in both the Attending Physician's records (ESI's declined) and in the most recent PT records. The MRI findings are already documented and relatively appear to correlate with physical findings. There are patient clinical improvements noted as above. Therefore, clinical guidelines do not support the CT-myelogram as being medically necessary.

Reference: ODG Lumbar Spine

Indications for imaging -- Computed tomography:

- Thoracic spine trauma: equivocal or positive plain films, no neurological deficit
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, infectious disease patient
- Evaluate pars defect not identified on plain x-rays
- Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989)

ODG Criteria for Myelography and CT Myelography:

1. Demonstration of the site of a cerebrospinal fluid leak (post lumbar puncture headache, post spinal surgery headache, rhinorrhea, or otorrhea).
2. Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery.
3. Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord.
4. Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord.
5. Poor correlation of physical findings with MRI studies.
6. Use of MRI precluded because of:
   a. Claustrophobia
   b. Technical issues, e.g., patient size
   c. Safety reasons, e.g., pacemaker
   d. Surgical hardware

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**

☐ **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)**