



14785 Preston Road, Suite 550 | Dallas, Texas 75254
 Phone: 214 732 9359 | Fax: 972 980 7836

Notice of Independent Review Decision

Amended and Sent on 6/29/2012

DATE OF REVIEW: 6/25/2012

Date of Amended Decision: 6/29/2012

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Myelogram with CT scan to complete by 7/28/2012.

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

M.D. Board Certified in Orthopedic Surgery Fellowship trained spine surgeon.

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

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	6/05/2012
IRO Request Preauthorization Determinations	6/05/2012 5/17/2012-5/07/2012
Preauthorization Request	5/02/12
Hospital History and Physical	9/21/2011-10/20/2011
Operative Reports	9/27/2011-10/26/2011
Discharge Summary	10/27/2011
Neurosurgical Association Office Visit Notes	8/01/2011-4/30/2012

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient sustained a work injury in xxxx that was subsequently treated with two back surgeries and eventual DCS implant. Due to continued pain, he was seen by another spine surgeon in 2011. A request for a CT myelogram was made and denied then. The request was to determine if the patient had spinal stenosis at the L3-L4 and L4-L5 segments. In addition, a request was made for replacement of the non-functional DCS which was approved. The patient underwent replacement of the DCS last fall. On subsequent follow up, he continued to complain of low back pain and leg pain (left greater than right). The surgeon is once again requesting a diagnostic CT myelogram to evaluate for spinal stenosis.



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

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

The request for the Lumbar Myelogram with CT scan is medically necessary.

The patient by history has complaints of back and leg pain which may be consistent with lumbar stenosis. Given the paucity of examination findings associated with this diagnosis along with the inability to obtain an MRI, the best diagnostic tool would be a CT myelogram in this scenario. Short of this study it would be difficult for requesting surgeon to generate an effective treatment plan.

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