

SENT VIA EMAIL OR FAX ON  
Jun/12/2012

## True Decisions Inc.

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jun/12/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar Myelogram-CT/Fluoroscopy

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

PM&R and Pain Medicine

**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**

OD Guidelines

Adverse determination notice 04/13/12

Adverse determination after reconsideration notice 05/10/12

response to request for IRO 05/29/12

Preauthorization request 04/10/12

Letter of medical necessity for EMG/NCS 05/10/12

Worker's compensation demographic sheet

Preauthorization request 05/02/12

Letter of medical necessity 05/01/12

MRI lumbar spine 06/08/11

History and physical M.D. 03/02/12, 06/28/11, 05/31/11

Procedure note lumbar epidural steroid injection L5-S1 04/08/11

Electrodiagnostic results

Office visit / chiropractic notes 01/11/10-05/02/12

Authorization notice regarding chiropractic manipulation lumbar x 6 visits 12/05/11

Adverse determination notice 04/11/11

Adverse determination notice 05/15/12  
Independent medical evaluation M.D. 04/22/10  
History and physical M.D. 05/04/10  
MRI lumbar spine 12/16/08  
MRI right shoulder 12/16/08  
Electrodiagnostic results 03/03/10  
Peer review M.D. 04/12/10  
Initial clinical interview LMSW  
Impairment rating MD 06/18/09  
Physical performance exam 01/13/10

#### **PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male whose date of injury is xx/xx/xx. The records indicate a two by four fell and hit him on the right shoulder. He complained of right shoulder pain and low back pain. MRI of the lumbar spine on 12/16/08 revealed L5-S1 3-4mm posterocentral to left paracentral disc substance protrusion which minimally indents the thecal sac. Records indicate the claimant was treated with physical therapy, work conditioning program, lumbar epidural steroid injection, chiropractic care, and psychological therapy. The claimant continued to complain of low back pain and right lower extremity pain. Repeat MRI dated 06/08/11 reported disc bulging diffusely at L3-4. There is a 3mm protrusion of disc material extreme lateral aspect of the left neural foramen at L3-4, in contact with the L3 nerve but not compressing or displacing it. There was no significant disc bulging or focal herniation of disc material at L4-5 or L5-S1. Facet arthropathic changes were noted without hypertrophy at both levels, with no bony stenosis. Epidural steroid injection was performed on 04/08/11. Physical examination on 03/02/12 reported motor strength 5/5 except left quadriceps 4/5. Sensation was decreased in the right lower extremity L5, S1. The claimant was recommended to undergo CT myelogram lumbar spine.

A request for lumbar myelogram-CT/fluoroscopy was reviewed on 04/13/12 and adverse determination rendered. It was noted that 03/02/12 MD report for ongoing low back pain with numbness/tingling to right foot/toes showed essentially benign exam noting only decreased sensory right L5-S1 with a non standard abbreviation of "LFCD." Lumbar range of motion was normal as were all orthopedic tests, gait and motor. No pain level was noted. Reviewer noted that the claimant's current alleged complaints seem inconsistent with the MRI relative to the involved lower extremity side and the MD wants the procedure for a possible common but unknown type of surgery on this over three year old injury that has apparently failed numerous forms of treatment. However, current exam findings are quite minimal and DC is unaware of any possible or pending surgery.

A reconsideration request for lumbar myelogram-CT/fluoroscopy was reviewed on 05/10/12 and adverse determination again rendered. It was noted that the claimant was evaluated by Dr. for complaints of low back pain with pain in his right leg on 03/02/12. Examination was performed that revealed normal muscle strength and 1+ quadriceps and Achilles reflexes. Lower extremity exam revealed normal muscle strength with the exception of quadriceps which was 4/5. Quadriceps deep tendon reflex was 1+ and Achilles deep tendon reflex was 2+. It was determined that the request for CT myelogram with contrast and fluoroscopy was not medically necessary for the diagnosis and clinical findings presented. The claimant presented with low back pain with pain in the right lower extremity. However, the examination of the right lower extremity revealed normal muscle strength and 1+ deep tendon reflexes. The left lower extremity revealed reduction in the quadriceps muscle strength and 1+ quadriceps deep tendon reflex. MRI performed 06/08/11 revealed no evidence of discal involvement of the L4, L5 or S1 nerve roots. Moreover there was no evidence of significant deterioration of the claimant's condition following the 06/08/11 MRI. It was noted there was evidence of decreased deep tendon reflexes but they related poorly with the findings on the MRI. In order to rule out a true radiculopathy, EMG/NCV testing would be appropriate.

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

Based on the clinical data provided, the request for lumbar myelogram CT/fluoroscopy is not supported as medically necessary. The claimant sustained an injury on xx/xx/xx resulting in right shoulder pain. The claimant also complained of low back pain and right lower extremity pain. He was treated with physical therapy, work conditioning program, lumbar epidural steroid injection, chiropractic care, and psychological therapy. The claimant continued to complain of low back pain and right leg pain. MRI was performed on 06/08/11, which revealed disc bulging diffusely at L3-4 with 3mm disc protrusion in the extreme lateral aspect of the left neural foramen at this level contacting but not compressing or displacing the L3 nerve root. There was no significant disc bulge or focal disc herniation at L4-5 or L5-S1. Most recent clinic note dated 03/02/12 indicated the claimant continued to complain of low back pain that goes down right leg with numbness and tingling to the toes. However, on clinical examination there are no significant findings. Noting only sensory changes on right at L5-S1 and quad weakness 4/5 left lower extremity. Per Official Disability Guidelines, CT myelogram may be indicated if MRI is unavailable, inconclusive or contraindicated. It may also be indicated for surgical planning; however, there is no indication of surgical lesion in this case, and previous MRI is available and not inconclusive. As such, previous denials were correctly determined and upheld on IRO.

**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)