

# US Resolutions Inc.

An Independent Review Organization  
3267 Bee Caves Rd, PMB 107-93  
Austin, TX 78746  
Phone: (361) 226-1976  
Fax: (207) 470-1035  
Email: manager@us-resolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jun/18/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Repeat CT Myelogram Lumbar Spine

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

M.D., Board Certified 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**

Official Disability Guidelines

Request for IRO 05/31/12

Utilization review determination 03/29/12

Utilization review determination 04/20/12

CT myelogram lumbar spine 02/05/97

Operative report 04/01/97

Discharge summary 04/03/97

Lumbar myelogram and CT 03/01/00

Report of lumbar discography 04/07/00

Operative report 07/25/01

Operative report 03/06/06

MRI lumbar spine 08/05/11

EMG/NCV study 09/26/11

Procedure report lumbar epidural steroid injection followed by CT lumbar spine 10/27/11

Lumbar epidural steroid injection 10/09/11

Lumbar epidural steroid injection 11/23/11

Clinical records Dr. 12/12/11-02/20/12

Radiographic report lumbar spine 03/07/12

Clinical note Dr. 03/21/12-05/17/12

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. He is reported to have sustained injuries as a result of a fall. The first available clinical record is a lumbar myelogram and CT. This study notes moderate sized anterior extradural defect at L4-5 with suggestion of decreased filling of the left L5-S1 nerve root sleeves, prior

posterolateral fusion from L4 to the sacrum, a bulging annulus at L3-4, and a moderate diffuse bulging annulus at L4-5 with a moderate left paracentral disc herniation seen adjacent to the L5 nerve root sleeve. The records indicate that the claimant underwent additional surgical procedures, which included a left L4-5 laminotomy, lysis of scar tissue, discectomy, and decompression of the left L5 nerve root on 04/01/97. He later underwent a repeat lumbar myelogram and CT on 03/01/00. This study notes a 6mm left paracentral disc herniation at L4-5 at the level of a prior laminotomy. There was underfilling of both L5 nerve root sleeves worse on the left. There is a healed solid posterolateral fusion at L5-S1. Records indicate that the claimant was returned to surgery and underwent an anterior interbody fusion at L4-5 and L5-S1. He is later noted to have undergone revision decompression of the L3-4 at the L3-4 level with decompression of the L4 nerve roots bilaterally with posterolateral fusion and internal fixation utilizing Dynesys. A repeat MRI of the lumbar spine was performed on 04/27/11.

This study notes multilevel degenerative changes and extensive post-surgical changes. There is a compression, an L1 compression fracture with 60% loss of vertebral body height, and mild retropulsion without spinal stenosis. Records indicate evidence of bilateral neural foraminal stenosis at L4-5 and mild to moderate to severe posterior spinal stenosis at L3-4. On 09/26/11 the claimant underwent EMG/NCV studies, which showed findings consistent with a right and left lumbosacral radiculopathy.

Records indicate that on 10/27/11 the claimant apparently underwent a lumbar epidural steroid injection, which appears to have been followed by a CT of the lumbar spine post with contrast enhancement. This study notes a 40% compression fracture at L1 with a broad based annular bulge with minimal bilateral foraminal narrowing. At L2-3 there is a 3mm broad based annular bulge, which touches and effaces the thecal sac combined with facet arthropathy resulting in bilateral foraminal narrowing. At L3-4 there is a 3mm broad based annular bulge, which touches and effaces the thecal sac. The central canal diameter is 7.7mm. There is facet arthropathy and bilateral foraminal narrowing at L4-5. There is resorptive change about the pedicle screws at L3-4 and L4-5. Revision instrumentation is noted. There is a left posterior endplate osteophyte with bilateral facet arthropathy with left greater than right foraminal narrowing. At L5-S1 there is a transitional level disc, which shows evidence for internal intersegmental fixation dowels, which appear to be stable and anatomic. There is endplate periphery change as well as facet arthropathy and moderate posterior foraminal narrowing. Records indicate that the claimant underwent additional epidural steroid injections on 11/09/11 and 11/23/11. The claimant came under the care of on 12/12/11. He was referred for physical therapy and it was recommended that he be seen by a spinal surgeon on 03/07/12. The claimant underwent radiographs of the lumbar spine. This study notes narrowing at L3-4 and to a greater extent at L4-5 and L5-S1. There is a disc spacer at L5-S1. Pedicle screws are noted at L3 and L4. There is evidence of prior bony fusion at L4-5 and probably L5-S1. There is a superior compression fracture of L1 with approximately 30% loss of the vertebral body height.

On 03/21/12 the claimant was seen by Dr.. The claimant reports numbing sensation in his low back, which extends down both legs. At this time his low back pain is graded as 7/10 and leg pain is 6/10. He is noted to have no relief. His condition is worse with essentially any activity. He has gone to physical therapy, which made him worse. He had some temporary relief with spinal injections. On physical examination he is noted to be hypertensive and in no apparent distress. Reflexes are 2+ in the lower extremities and 3+ in the upper extremities with no clonus. He has normal sensation throughout. He is unable to heel toe walk due to back and leg pain. He is also missing the great toe of his left foot. Lumbar spine range of motion is greatly reduced. He is reported to have decreased muscle strength of both plantar flexion and dorsiflexion of the bilateral lower extremities. Films were reviewed. He was given a prescription for Norco and Flexeril. He was opined to be a potential surgical candidate. However, it is recommended that he undergo a CT myelogram.

The initial review was performed on 03/29/12. The reviewer non-certified the request. He notes that the operative report for the claimant's initial CT myelogram was not provided for review. The claimant is noted to have previously had MRI and CT of the lumbar spine. He notes the failure to respond to recommended conservative treatment was not objectively

documented and he reports that there was no indication that the use of MRI is precluded in this claimant.

The appeal request was reviewed on 04/20/12. The reviewer upholds the previous denial. He upholds the previous denial and notes that the requesting physician did not provide a specific reason for the repeat CT myelogram or discuss findings in the previous one in order to substantiate the service requested.

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

The submitted clinical records indicate that this claimant sustained injuries to his low back as a result of a fall from 16-20 feet. He has undergone multiple operations and has retained hardware making MR imagery impractical as it will not show substantive pathology due to metallic artifact. Per ODG, CT myelogram is indicated if MRI is contraindicated because of (d) surgical hardware. The claimant meets the criteria. Additionally, it is noted that this claimant has had progressively worsening symptoms and is a potential candidate for additional surgery. Per Official Disability Guidelines, CT myelogram is clinically indicated in the presence of potential surgical intervention. The claimant meets the criteria. On 03/21/12 the notes demonstrate that the claimant was seen by Dr. and was opined to be a potential surgical candidate. Therefore, and because the ODG criteria has been satisfied, the reviewer finds there is sufficient clinical information contained in the submitted records to establish the medical necessity of this request for Repeat CT Myelogram Lumbar Spine.

**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)

