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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 03/12/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

CT myelogram of the lumbar spine with flexion/extension x-rays

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Spinal 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

CT myelogram of the lumbar spine with flexion/extension x-rays - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A lumbar MRI dated 09/10/07

A lumbar CT myelogram dated 01/22/08

Employer's First Report of Injury or Illness dated 07/16/08

Evaluation with, M.D. dated 07/21/08

DWC-73 forms dated 07/21/08, 07/24/08, 07/31/08, 08/07/08, 10/16/08, 10/19/08, 10/31/08, 12/11/08, 01/21/09, 03/25/09, 05/27/09, 06/24/09, 11/14/09, 12/03/09, 07/06/10, 01/04/11, 05/18/11, 08/11/11, 09/14/11, 11/03/11, and 01/31/12

Doctor's Findings dated 07/24/08, 07/28/08, 08/07/08, and 10/16/08

Physical therapy discharge summary dated 10/15/08
Evaluations with M.D. dated 10/29/08, 12/11/08, 01/27/09, 03/25/09, 05/27/09, 06/30/09, 07/20/10, and 01/04/11
Operative report dated 12/04/08
Preauthorization determination letters from IMO dated 04/29/09 and 07/09/09
EES-14s dated 11/18/09 and 06/18/10
Designated Doctor Evaluations dated 12/03/09 and 07/06/10
DWC-69 forms dated 12/03/09, 07/06/10, and 02/03/12
Another MRI of the lumbar spine dated 02/10/10
Emergency room report dated 04/01/10
Evaluations with Dr. dated 08/05/11, 08/11/11, 11/03/11, and 01/31/12
Physical Performance Evaluation (PPE) dated 08/11/11
Physical therapy request from Healthcare dated 08/15/11
Therapy with Dr. dated 08/29/11, 08/30/11, 08/31/11, and 09/14/11
Evaluations with M.D. dated 09/01/11 and 11/03/11
Peer review from M.D. dated 09/13/11
Letter of Medical Necessity dated 09/30/11
Adverse determination letters from IMO dated 10/18/11, 10/26/11, and 11/17/11
Impairment rating dated 02/03/12
Adverse determination letters from IMO dated 02/06/12 and 02/15/12
A letter from Dr. dated 02/07/12
Undated Patient Information
Undated radiology order forms
Undated Workers' Compensation Demographic Sheet from Elite Healthcare
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

A lumbar MRI dated 09/10/07 revealed a broad based central disc protrusion with annular fissuring and superimposed posterior endplate spur at L1-L2 resulting in abutment of the distal conus/proximal cauda equina with mild central spinal stenosis. There was a 2 to 3 mm. central disc protrusion with annular fissuring at L5-S1 and annular bulging and superimposed 2 mm. central disc protrusion at L4-L5 without central spinal stenosis. A lumbar CT myelogram dated 01/22/08 revealed no evidence of significant interval change since the 09/10/07 MRI. There was a broad based posterior disco-osteophytic complex at L1-L2 with moderate to moderate to severe central canal stenosis. It was felt possibly this represented some sequela of prior trauma, as there was mild deformity of the midline L1 posterior inferior endplate. There were multilevel diffuse disc bulges and some facet hypertrophy seen without significant central canal or neural foraminal stenosis. There was a mild kyphotic deformity at L1-L2. An Employer's First Report of Injury or Illness noted the patient strained and re-injured his lower back. Dr. examined the patient on 07/21/08. She noted he was pulling 100 pound metal pipes and heard a pop in the right side of his back and noted it felt the same as last time. He received a steroid injection and a Toradol injection. Celebrex and Skelaxin were prescribed. A lumbar myelogram was performed on 12/04/08. Dr. evaluated the patient on 01/27/09 and recommended surgical treatment of the L4-L5 herniation. On 06/30/09, Dr. noted

he had requested a second opinion and he was informed they only had approval for a lumbar sprain/strain, which he felt the patient had a definite exacerbation or aggravation of his underlying condition. M.D. performed a Designated Doctor Evaluation on 12/03/09. He was noted to be a smoker and one pack a week drinker. Examination revealed he was able to walk on his toes and heels and he had lumbar tenderness. Neurological examination was normal. Dr. did not feel the patient had reached Maximum Medical Improvement (MMI), as he had not had a second surgical opinion. Another MRI of the lumbar spine dated 02/10/10 revealed mild central canal stenosis at L1-L2 due to broad based posterior disc bulge and there was foraminal narrowing at L4-L5 bilaterally without overt foraminal stenosis and without central canal stenosis. Disc disease was present at L5-S1 without central canal or foraminal stenosis. On 07/06/10, Dr. noted the patient no longer smoked and he was no longer drinking alcohol, except occasionally. Dr. felt the patient was at MMI on 04/09/10 when Dr. released him to light duty. He was assigned a 0% whole person impairment rating. In a PPE dated 08/11/11, the patient functioned in the light to light medium physical demand level. Dr. evaluated the patient on 09/01/11. He recommended lumbar laminectomy, discectomy, foraminotomy, and partial facetectomy at L4-L5. On 10/18/11 and 10/26/11, IMO provided adverse determination letters for the proposed surgery. On 11/03/11, Dr. reevaluated the patient. A CT myelogram of the lumbar spine was recommended for surgical planning. D.C provided an impairment rating on 02/03/12, placing the patient at MMI on that date with a 10% whole person impairment rating. On 02/06/12, M.D., on behalf of IMO, provided an adverse determination letter, non-authorizing the requested CT myelogram of the lumbar spine with flexion/extension x-rays. On 02/07/12, Dr. wrote a letter, appealing the denial for the lumbar CT myelogram. D.C., also on behalf of IMO, provided another adverse determination on 02/15/12, non-authorizing the requested CT myelogram of the lumbar spine with flexion/extension x-rays.

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

The patient had an MRI on 09/10/07 that revealed degenerative changes with nerve root compression at L4-L5. The subsequent myelogram on 01/22/08 demonstrated essentially the same findings. In fact, the radiologist's interpretation was that there was no significant interval change since the prior outside MRI. Since this injury, the patient has had a technically satisfactory MRI of the lumbar spine on 02/10/10. In fact, this MRI does not demonstrate significant difference from the prior MRI. There has also been no change in the patient's neurological status or other indication that there has been progression of the disease since the MRI in 2010. The ODG does not endorse repeat studies when there has been no change in the patient's condition. Myelography is indicated in some instances, usually only when the MRI is not specific. When there is a need for surgery in regard to the nerve roots, especially in the far lateral reaches, sometimes myelography can show whether surgical treatment is promising. However, when there is good correlation of the physical findings with the MRI, then there is no requirement for a further study. In this instance, the

patient has a technically adequate study and repeating this study is neither clinically reasonable or necessary nor does it meet the requirements of the ODG, in that there are specific times when a myelogram would be superior to the MRI. Furthermore, there is no objective reason for flexion/extension view x-rays, as there is no indication of spinal instability and there are no indications of serious spinal pathology requiring such. Therefore, the requested CT myelogram of the lumbar spine with flexion/extension x-rays is not reasonable or necessary and the previous adverse determinations should be upheld at this time.

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 AND KNOWLEDGE BASE
- 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

- X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

- MILLIMAN CARE GUIDELINES

- X 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)