

SENT VIA EMAIL OR FAX ON
Feb/28/2012

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/28/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Myelogram CT

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

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

OD Guidelines

Request for IRO 02/10/12

Utilization review determination 01/10/12 and 01/25/12

Clinical records 11/03/10-01/04/12

MRI cervical spine 10/10/11

CT cervical spine 10/25/11

Clinical notes 03/04/10-09/23/10

EMG/NCV study 12/27/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have a date of injury of xx/xx/xx. On this date the claimant is reported to have sustained a right neck injury which required an ACDF at C5-6 performed in 2002. Post-operatively she felt better after surgery for a while; her neck pain, her right upper extremity symptoms improved but did not completely resolve. She subsequently came under the care of a pain management specialist for her residual symptoms. It is reported that her symptoms right upper extremity complaints became progressively worse and she was subsequently referred to at the. She reports progressive weakness in her left hand and inability to perform fine motor movement with her right hand. current medications on 11/03/10 include Lidoderm patch Avinza and Tramadol. She was referred for MRI on 08/14/01 which showed a C5-6 disc with posterior annular fissures and apparently an injection produced concordant pain. Prior to her initial surgery post-procedurally she had multiple trigger point injections. On examination of this date she is

noted to have 4+/5 weakness in the right biceps wrist flexion extension and inner ossei are 4+/5 reflexes are 1+ and symmetrical. Records indicate that the claimant was referred for EMG/NCV study on 12/27/10. This study notes a subtle but inconclusive evidence of a right C7 radiculopathy. Records indicate that the claimant received cervical epidural steroid injections without benefit. On 04/22/11 notes he requested an MRI scan as well as CT myelogram as she is having significant pain in the right arm on examination she has positive Spurling's sign to the right and a right triceps reflex is absent EMG/NCV shows evidence of a right C7 radiculopathy. When seen in follow-up on 08/29/11 the claimant is reported to have some drooping of the right shoulder as well as prominence of the right scapula. She has increasing pain and weakness with evidence of a C7 radiculopathy status post ACDF as well as a repeat MRI of the cervical spine was performed on 10/10/11 which notes evidence of a solid anterior fusion at C5-6 in combination with disc spur noted at C6-7 measuring 2-3mm causing mild central canal narrowing there's abnormal signal intensity within the C7 vertebral body which may represent some arthritic change atypical hemangioma or neoplasm. Comparison should be made with remote studies if none are available it's recommended that a limited CT scan and bone scan be considered. There are small annular fissures suspected in posterior aspect of C3-4 and C4-5. A limited CT of the cervical spine was performed on 10/25/11 which notes discectomy with interbody bone grafting at the anterior plate and screw fixation at C5-6 mild to moderate disc space narrowing at C6-7 mild superior endplate sclerosis with mild C7 height loss present no focal lesion or trabecular disruption seen within the C7 vertebral body. There was no focal bony lesion identified. The claimant was seen in follow-up by on 10/25/11. Upon review of the claimant's imaging studies he reports he's unable to appreciate any kind of foraminal stenosis at the C6-7 level. On physical examination she is noted to have some muscle atrophy in right upper extremity. On manual motor testing she demonstrates 4+/5 weakness in right triceps as well as right palmar flexor which again is significant change from exam in August. However, it is reported her deep tendon reflexes are symmetric. It is noted in note dated 01/04/12 that recommends the claimant undergo CT myelogram of cervical spine in preparation for decompression of C7 nerve root posteriorly.

The initial review was performed by on 01/10/12. non-certified the request. He reports the claimant has diagnosis of C7 radiculopathy and anterior cervical decompression and fusion at C5-6 in 2002. He notes the patient has increased right upper extremity weakness. The physician has requested to refer the patient for CT myelogram for future surgical planning. He notes the claimant has had MRI and CT of cervical spine within last 90 days and neither study noted significant findings.

The appeal request was reviewed by. non-certified the request and notes the claimant has diagnosis of C7 radiculopathy and ACDF at C5-6 in 2002. The patient was having increase in right upper extremity weakness. The physician requested the patient for CT myelogram for surgical planning. He notes the claimant has had MRI and CT of cervical spine within last 90 days and subsequently non-certified the request.

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

The request for CT myelogram of cervical spine is not supported as medically necessary, and therefore, by default the previous utilization review determinations are upheld. The rationale on both reviews for denial is that the claimant is noted to have diagnosis of C7 radiculopathy and that the claimant has had CT and MRI of cervical spine within last 90 days. While that finding is noted to be accurate, per clinic note of dated 01/04/12, he notes plain CT was obtained due to hyperintensity of C7 vertebral body which did not show significant abnormality. He notes the claimant has significant right arm pain and as she rotates cervical spine she will get severe pain into right arm. She is noted to have absent reflexes. She has neck pain and arm pain radiating into index and thumb with signs of C7 radiculopathy. She is status post fusion at C5-6. The intent is to rule out foraminal stenosis. However, indicates his operative plan is for surgical decompression of C7 nerve roots posteriorly. Given has a surgical plan in which he intends to do posterior decompression and claimant has previously undergone CT and MRI, there would be no clinical indication to perform CT myelogram as it would not alter current surgical plan.

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)