

Notice of Independent Review Decision

DATE OF REVIEW: 05/10/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar myelogram with CT scan

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

This case was reviewed by a board certified Physical Medicine and Rehabilitation physician licensed and practicing in the state of Texas.

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

Type of Document Received	Date(s) of Record
X-ray of the both humerus, femur, knee, tibia/fibula, forearm	08/22/2011
MRI of the lumbar spine	11/02/2011
A letter from Dr.	03/19/2012
A preauthorization request by Dr.	03/23/2012
A preauthorization request by Dr.	03/29/2012
A preauthorization determination from	03/29/2012
A preauthorization determination from	04/05/2012

Corvel	
A denial notice from DO	Date unknown
A denial notice from MD	Date unknown
Request for review by IRO for the denied service(s) of Lumbar myelogram with CT scan	04/16/2012

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a male who was carrying a heavy object at work on xx/xx/xx when he slipped on some ice sustaining injury to his lower back with radiating pain to his hips and legs (more on right). Subsequently, he was seen by Dr.. He was then treated with conservative care including physical therapy, diagnostic studies, injections, and pain management, all of which did not help. He continued to have pain in his lower back with radiating pain to his hip and leg and numbness and in his feet. In March 2012, Dr. requested CT myelogram of the lumbar spine which was denied.

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

Based on letter dated 3/19/12 by MD, the injured worker's complaints of pain are reported as "getting worse" and the symptoms and functional deficits are described. However, it is not reported how these symptoms differ from his initial symptoms. No treatments have been effective to date, which is unusual considering the lumber MRI results from 11/02/11 exhibit relatively mild abnormalities that could very easily be a product of 57 years of aging and not related to any injury.

This patient reportedly takes only Ultram and Neurontin. He reportedly has tried several medications in the past which are not listed in this letter. Ultram is a very mild mu agonist that is primarily used only for mild to moderate pain control. It would not be unusual to see a patient such as this on more potent medications if his pain level was a severe as reported.

On physical exam, he is reported to have lumbar tightness and decreased lumbar range of motion. In my experience, it is unusual to have bilateral straight leg raise. It is likely the patient had increased low back pain and/or hamstring tightness during testing. Sensation is diminished on R L5-S1 distribution, but this is likely longstanding. Reflexes are symmetric, muscle strength is normal, and there is no muscle wasting to indicate possible chronic nerve root compression.

There is no evidence of any inciting incident directly causally related to the patient's reported progressive worsening of medical status. This reported gradual worsening of symptoms despite all of the treatments as described does not justify ordering a CT myelogram which is unlikely to provide any information resulting in a significant change in the current treatment plan. Per ODG criteria, there is no indication that this study is intended to demonstrate CSF leak, for surgical planning, radiation therapy, evaluation on

possible spine infection or for poor correlation of physical findings with MRI studies. As such, the denial of the requested CT myelogram should be upheld.

ODG CRITERIA FOR MYELOGRAPHY AND CT MYELOGRAPHY:

1. Demonstration of the site of a cerebrospinal fluid leak (postlumbar puncture headache, postspinal surgery headache, rhinorrhea, or otorrhea).
2. Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery.
3. Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord.
4. Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord.
5. Poor correlation of physical findings with MRI studies.
6. Use of MRI precluded because of:
 - a. Claustrophobia
 - b. Technical issues, e.g., patient size
 - c. Safety reasons, e.g., pacemaker
 - d. Surgical hardware

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 (PROVIDE A DESCRIPTION)**