SENT VIA EMAIL OR FAX ON
May/02/2012

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
May/02/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar CT / Myleogram

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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Preauthorization report notification 03/23/12
Appeal preauthorization report notification 04/10/12
Office notes D.C. 11/09/11-03/14/12
Functional capacity evaluation 03/19/12 and 01/04/12
Lumbar spine x-rays 11/14/11
MRI lumbar spine 11/15/11
Operative report left L5-S1 revision hemilaminectomy, medial facetectomy, foraminotomy and discectomy 01/13/09
Procedure note left L5 transforaminal epidural steroid injection 01/12/12
Pain management follow-up visit PA for M.D. 12/13/11 and 01/25/12
Office visit notes M.D. -03/06/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xx. Records indicate he was employed with and slipped on some oil at scene of car accident. His feet went forward and he twisted his back as he tried to catch himself. The patient has history of previous lumbar spine surgery with left L5-S1 discectomy in 2000 and revision surgery on 01/13/09. MRI of lumbar spine on 11/15/11 revealed straightening of usual lordotic curvature of lumbar spine; no occult fracture seen. At L4-5 there is annular disc bulge that flattens the thecal sac. At L5-S1 there is a 5 mm broad based subligamentous disc protrusion which flattens the thecal sac and adjacent S1 nerve root sleeve. A left sided laminectomy has been performed with no evidence of postoperative canal stenosis. There is mild bilateral foraminal narrowing seen. X-rays of lumbar spine including flexion/extension views performed on 11/14/11 were reported as unremarkable examination. The patient was seen in follow-up on 03/14/12 and reported as overall doing better with pain level of 2-3/10. Left leg symptoms have improved and claimant reported them as 1/10. It was noted Dr. is not recommending surgery at this time, although he does report repeat MRI will be helpful in terms of decision making process with regards to the surgery. Dr. recommended CT myelogram of lumbar spine.

A request for lumbar CT myelogram was reviewed on 03/23/12 and non-authorized as medically necessary. It was noted that the claimant was injured on xx/xx/xx when he was walking between two cars and slipped with his feet going forward and his back twisted trying to catch himself on the hoods of the cars. X-rays of the lumbar spine dated 11/14/11 were reported as a negative exam. MRI of the lumbar spine dated 11/15/11 revealed straightening of the usual lordotic curvature of the lumbar spine; no occult fracture seen. At L4-5 an annular disc bulge flattens the thecal sac. At L5-S1 a 5.0mm broad based subligamentous disc protrusion flattens the thecal sac and adjacent S1 nerve root sleeve. A left sided laminectomy has been performed with no evidence of post-operative canal stenosis. Mild foraminal narrowing is seen. Electrodiagnostic testing dated 01/13/12 reported an indication of acute irritability in the left L5 and S1 motor roots with little or no change in any other distributions. The claimant was seen on 03/14/12 for follow-up and was reported as doing. He is reported as overall doing better with pain level of 2-3/10. Left leg symptoms have improved and the claimant reports them as 1/10. He gets a cramping sensation down to the left calf. Dr. is not recommending surgery at this time. The claimant was recommended to start to taper off Lyrica. Evaluation revealed a decreased perception of vibration to the left medial leg and left great toe compared to the right. There was decreased perception to pinwheel in the left leg with more a profound loss of sensation in the medial leg than the lateral leg compared to the right. There was good strength in bilateral ankle dorsiflexion and plantar flexion. His left EHL is weak grading 4/5. Lumbar rotary extension procedures were uncomfortable bilaterally but no true radicular pain. Lumbar flexion at 70 degrees does cause left lower extremity pain down to the posterior knee. Extension is about 5 degrees. He has spasm on palpation in the lumbar spine. The reviewer noted that the claimant is not a surgical candidate and has undergone lumbar MRI, x-rays including flexion extension views, and EMG/NCV, and the request for CT myelogram is not recommended as medically necessary.

An appeal request for lumbar CT myelogram was reviewed on 04/10/12 and non-authorized as medically necessary. It was noted that the records clearly state that surgical intervention is not recommended at this time. Previous diagnostic/imaging studies include MRI and x-rays of the lumbar spine as well as EMG/NCV of the lower extremities. Since MRI is neither unavailable, contraindicated, nor inconclusive, the proposed CT myelogram is not recommended as medically necessary.

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

Based on the clinical information provided, the request for lumbar CT myelogram is not supported as medically necessary. The claimant is noted to have sustained an injury secondary to a slip and fall when he twisted his back on xx/xx/xx. The claimant has a history of previous lumbar surgery with left L5-S1 discectomy performed in 2000 and revision surgery in 2009. MRI of the lumbar spine performed two weeks following this date of injury revealed post-operative changes of left sided laminectomy at the L5-S1 level with no

evidence of post-operative canal stenosis. There is a 5mm broad based subligamentous disc protrusion that flattens the thecal sac and adjacent S1 nerve root sleeve. Plain radiographs including flexion extension views were unremarkable/negative exam. Electrodiagnostic testing was noted to show evidence of acute irritability in the left L5 and S1 motor roots with little or no change in any other distributions, with absent left peroneal F wave consistent with the L5 involvement. Follow-up office note dated 03/14/12 reported the claimant was overall doing better with decreased pain levels and improved left leg symptoms. It was noted that the claimant is not a candidate for surgery at this time. According to Official Disability Guidelines, CT myelogram of the lumbar spine may be indicated if MRI is unavailable, contraindicated, or inconclusive. The records reflect that the claimant has undergone extensive work up including MRI of the lumbar spine, radiographs with flexion extension views of the lumbar spine, and EMG/NCV of the bilateral lower extremities. The request does not meet ODG criteria. Consequently medical necessity is not established for the proposed CT myelogram of the lumbar spine, and previous denials are 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

[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)