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Notice of Independent Review Decision

DATE: October 21, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Myelogram with Post-Myelogram CT Scan 62284/72132

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

The reviewer is a licensed Neurological Surgeon with over 16 years of experience.

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 medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained a work-related injury when he fell from a stepladder on xx/xx/xx. He is status post posterior lumbar interbody fusion at L4-L5 and L5-S1 performed in 2005 by Dr. MD. Following that surgery, he continued to see Dr. as well as Dr. for chiropractic treatment through November of 2007. He returned to see Dr. in June 2010. He underwent a lumbar epidural steroid injection on September 01, 2010. He was not seen again by Dr. until January 2012.

11/30/04: Lumbar Spine Series report interpreted by DC with Chiropractic.
IMPRESSION: No evidence of acute fracture. Left lateral list of lumbar spine.

12/13/04: Lumbar Spine MRI report interpreted by MD with Radiology, LP.
IMPRESSION: No fracture or evidence of spinal or neural foraminal narrowing.
Mild disc desiccation at L4-L5 and L5-S1. Small tear in the annulus posteriorly at L4-L5.

05/26/05: EMG NCS performed by MD. CONCLUSION: Normal study; there is no electrical evidence of peripheral neuropathy, entrapment neuropathy, radiculopathy, or other lower motor neuron disease of either leg.

05/27/05: MRI Lumbar Spine report interpreted by MD with MRI. IMPRESSION: The L1-L2, L2-L3, and L3-L4 intervertebral discs appear normal. At L4-L5, a 5 x 10 mm central disc protrusion with enhancing annular tear produces mild impression on the thecal sac and effacement of the L5 nerve roots as they cross into the lateral recesses. No central stenosis or neural foraminal compromise is present. No other compressive disc abnormalities are present. Disc desiccation at L5-S1.

06/02/05: Operative Report by MD. POSTOPERATIVE DIAGNOSIS: Post-traumatic, intractable, mechanical left-sided low back pain with pain into the left leg with left leg paresthesias. MRI-documented lumbar L4-L5 annular tear posterior with mild disc desiccation L4-L5 and L5-S1 discs. OPERATIONS PERFORMED: Lumbar epidural steroid injection utilizing transforaminal approach at left L4-L5.

08/19/05: Post Discogram CT report interpreted by MD. DISCUSSION: L3-L4: There is contrast noted within the disc. There is no evidence of extravasation. The contrast material is retained in the nucleus pulposus. Hemangioma is also noted in the L3 vertebral body. L4-L5: There is contrast noted in the disc interspace. Contrast is extravasated posteriorly centrally. There is no extravasation into the epidural space. Hemangioma is noted in the L4 and L5 vertebral bodies.

10/11/05: Operative Report by MD. POSTOPERATIVE DIAGNOSIS: Severe L4-L5 and L5-S1 disc disease. Chronic mechanical low back disorder. Multilevel bilateral lumbar radiculopathies. PROCEDURE: Decompressive L4 through S1 laminectomy. Bilateral L4, L5, and S1 root decompression with opening of the lateral recesses and foraminotomies. Bilateral L4-L5 and L5-S1 excision of herniated disc with root decompression. Bilateral L4-L5 and L5-S1 anterior spinal column arthrodesis, interbody technique. Bilateral L4-L5 and L5-S1 interbody cage implants. Bilateral L4 through S1 posterolateral fusion. Bilateral L4, L5, and S1 pedicle screws and rods with L4-L5 Crosslink. Morcellized autograft. Subcutaneous morphine infusion catheter.

01/16/06: Lumbar Spine X-rays report interpreted by. IMPRESSION: Post-op
LHL602 REV 05/12

lumbar spine without acute abnormality.

06/30/06: Lumbar Myelogram report interpreted by MD. IMPRESSION: Postsurgical change of posterior lumbar fusion from L4 to S1 with posterior rods, pedicle screws, laminectomy, and disc prosthesis has been performed. There is no spinal stenosis or gross evidence for nerve root sleeve amputation. The alignment is unremarkable with no acute hardware complications shown.

06/30/06: CT Lumbar Spine report interpreted by MD. IMPRESSION: Postsurgical changes with no spinal stenosis or significant foraminal narrowing shown.

09/25/06: Lumbar Spine X-rays report interpreted by MD. IMPRESSION: Postop lumbar spine without acute abnormality.

03/22/07: Lumbar Spine Series report interpreted by MD. DISCUSSION: Postoperative change secondary to posterior decompression procedure with bilateral posterior fusion procedure noted at L4-L5 and L5-S1 disc spaces with bilateral pedicle screws present at L4, L5, and S1 transfixing posterior compression plates extending from L4 through S1. Inner disc spacers are seated within the L4-L5 and L5-S1 disc spaces. Oblique views demonstrate no other findings. The lateral views of the lumbar spine obtained with flexion/extension demonstrate the vertebral bodies to maintain alignment. Lumbar spine otherwise unremarkable.

11/19/07: The claimant was evaluated by MD who noted that he had been doing some light maintenance work. He had a little decreased flexibility of the low back. He had good strength in the lower extremities. He had no radiating leg pain. No x-rays were done. He would take an occasional Tylenol #3, Motrin, and Soma. He stated that another pain management physician will be taking over his medications. The plan was for Dr. to see him in followup as necessary.

11/29/07: Lumbar Spine Series report interpreted by MD. IMPRESSION: Postsurgical changes from L4 through the upper sacrum with no acute abnormalities.

07/01/10: Lumbar Spine Series report interpreted by, MD. IMPRESSION: Postsurgical changes in the L4 through S1 region as described. No evidence of abnormal motion or failure of the orthopedic devices. No acute fractures.

07/01/10: MRI Lumbar Spine report interpreted by MD. IMPRESSION: Postop lumbar spine without central canal stenosis. There is some neural foraminal narrowing on the right.

08/21/10: The claimant was reevaluated by MD who noted that his radiological studies were unremarkable. He had a solid fusion from L4 through S1. It was noted that his surgery was performed five years prior and that he was working full

time. It was also noted that he took occasional hydrocodone 5 mg. Dr. suggested a lumbar epidural Depo-Medrol injection.

09/01/10: Operative Report by MD. PROCEDURE: Right L3-L4 epidural injection of Depo-Medrol 80 mg and 5% Marcaine 3 ml.

12/16/11: The claimant was evaluated by MD for complaints of bilateral leg burning and tingling all the way to right foot. He was taking no medications. On physical exam, sensation was decreased to pinprick in the right foot, 3rd and 4th toes in a right L5 distribution. ASSESSMENT: Chronic pain syndrome, lumbar, status post lumbar surgery. Radicular pain right L5. PLAN: Lumbar epidural steroid injection, right L5-S1. Single nerve root injection, right S1.

01/16/12: The claimant was reevaluated by MD who noted that he was last seen in August 2010, at which time he underwent right L3-L4 epidural Depo-Medrol injection with reasonably good results. Currently, he was having increasing lumbosacral pain and aching pain in both legs, particular on the right, with some radicular pain down the right side. SLR positive on the right at around 45 degrees. Strength appeared to be normal in the lower extremities. He had a little decreased range of motion of the low back. Lumbar spine x-rays showed solid fusion from L4 to the sacrum with good alignment with no apparent abnormalities on plain x-rays at the L3-L4 level. Lumbar MRI scan, in July 2010, did not reveal anything major except for some lateral disc bulge on the right side at L4-L5 with some foraminal narrowing. He stated that he was worse. The plan was to followup with a lumbar MRI scan "prior to thinking about more medications or a trial spinal cord stimulator. I did give him a few hydrocodone 5 mg and Soma."

01/17/12: Lumbar Spine Series report interpreted by MD. IMPRESSION: Post-op lumbar spine without acute abnormality.

01/31/12: MRI Lumbar Spine report interpreted by MD. IMPRESSION: Stable MRI evaluation of lumbar spine, unchanged from 07/01/10 as described above, with postoperative changes secondary to PLIF procedures noted at L4-L5 and L5-S1 levels as described above.

07/23/12: The claimant was reevaluated by MD who noted that he was having increased mid lumbar pain with bilateral hip and leg pain, mainly on the right. It was noted that Dr. was "concerned that he is developing an L3-L4 problem." Dr. LeGrand stated that the claimant "needs a lumbar myelogram and post-myelographic CT scan with flexion/extension views to check for any possible instability." He was given hydrocodone 5 mg and Soma, which he was to take only when not at work. He had significant paralumbar muscular tightness with loss of lumbar lordosis and walked with a slightly flexed posture at the low back. SLR continued to be positive at 60 degrees on the left and 45 degrees on the right. There was no pain with hip rotation. Pedal pulses were good. He was trying to work but having more difficulty because of his pain.

08/07/12: UR performed by MD. REVIEWER COMMENTS: This is a request for

a lumbar myelogram with post CT scan. The patient is status post posterior L4-L5 and L5-S1 decompression, fusion, and instrumentation last October 2005 and has experienced chronic low back pain. As per report dated 07/23/12, the patient presented with increased mid lumbar pain with bilateral hip pain and leg pain mainly on the right. Objective findings noted significant paralumbar muscle tightness with loss of lumbar lordosis. The straight raise test was noted to still be positive at 60 degrees on the left and 45 degrees on the right. No pain on hi rotation was noted. A recent comprehensive physical examination of the lumbar spine was not provided. The requesting physician is considering a problem at L3-L4. However, the noted MRI showed no definite abnormalities at L3-L4. The requesting physician stated that the myelogram and post-myelographic CT scan with flexion and extension should confirm if there's instability at that level. The submitted records also included prior lumbar flexion and extension x-rays in 2010, which showed no abnormal motion. A more recent similar study prior to this request was not submitted. As such, the medical necessity of the requested services has not been substantiated.

09/07/12: UR performed by MD. REVIEWER COMMENTS: The request for an appeal lumbar myelogram with post CT scan 62284, 72132 is non-certified. This is noted to be an appeal. The last request was denied as a more recent x-ray was not submitted for review. Official Disability Guidelines state the criteria for a myelography with CT would be to demonstrate the site of a cerebral spinal fluid leak, surgical planning, radiation therapy planning, diagnostic evaluation of spinal or basal cisternal disease, poor correlation of physical findings with MRI studies, or the use of an MRI precluded. The documentation submitted for review noted the patient to have seen his provider in January due to increasing low back pain. An MRI was ordered at that time, which was essentially unremarkable. The patient presented again to his provider in July with the same symptoms. The documentation submitted for review did not note if the patient had any recent conservative care for these symptoms. There are no new neurological findings nor any red flags present. Given the above indications, the medical necessity of a lumbar myelogram with post CT scan cannot be substantiated at this time. As such, the request for an appeal lumbar myelogram with post CT scan 62284, 72132 is non-certified.

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

The previous adverse decisions are overturned. The claimant's back pain and leg numbness have returned over the last two years despite no significant change in his Lumbar MRI findings. The ODG criteria for myelography allow it if the goal is surgical planning or consideration. Given the claimant's lack of pain relief with L3-L4 epidural injection and his increasing functional problems at work due to pain, the lumbar CT myelogram may help delineate surgical options not seen on the MRI. Another ODG criteria for myelogram is "poor correlation of physical findings with MRI studies," which appears to fit this claimant's story of worsening back and leg symptoms despite stable Lumbar MRIs. It is not mentioned if the claimant's MRI shows some artifact due to his surgical hardware, which also may make the

myelogram helpful. The CT Myelogram also can help assess the claimant for arachnoiditis after his extensive prior surgery. The claimant would also benefit from EMG/NCVs of lower extremities to assess for chronic radiculopathy. Therefore, the request for Lumbar Myelogram with Post-Myelogram CT Scan 62284/72132 is medically necessary.

ODG:

Myelography	<p>Not recommended except for selected indications below, when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. (Slebus, 1988) (Bigos, 1999) (ACR, 2000) (Airaksinen, 2006) (Chou, 2007) Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. (Seidenwurm, 2000) Myelography and CT Myelography have largely been superseded by the development of high resolution CT and magnetic resonance imaging (MRI), but there remain the selected indications below for these procedures, when MR imaging cannot be performed, or in addition to MRI. (Mukherji, 2009)</p> <p>ODG Criteria for Myelography and CT Myelography:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. Claustrophobia b. Technical issues, e.g., patient size c. Safety reasons, e.g., pacemaker d. Surgical hardware
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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)**