

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sep/24/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Myelogram including #62284

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

Neurosurgery

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 health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Cover sheet and working documents

Office visit notes Dr 12/13/90-07/30/12

Operative report dated 05/20/92

Cervical and lumbar myelogram 05/20/92

Operative report dated 04/13/04

CT lumbar spine 04/13/04

History and physical 04/13/04

Operative report and discharge summary 04/30/04

History and physical dated 04/30/04

Radiographic report lumbar spine intraoperative views dated 04/30/04

Intraoperative evoked potential monitoring report posterior tibial nerve somatosensory evoked potential 04/30/04

Radiographic report three views lumbar spine 05/20/04

Radiographic reports lumbosacral spine 2-3 views 07/13/04, 08/02/04, 10/18/04, 12/13/04, 02/24/05, 05/18/06

Operative report dated 05/11/05
History and physical 05/11/05
Operative report dated 07/26/05
Lumbar myelogram 07/26/05
Post myelogram CT 07/26/05
Radiographic report 3 view lumbar spine 03/08/07
MRI lumbar spine without and with contrast 04/16/07
Operative report 05/01/07
Operative report 05/23/07

Lumbar myelogram 05/23/07
CT scan lumbar spine with contrast 05/23/07
Lumbar myelogram 10/14/08
Operative report 10/14/08
CT lumbar spine with contrast/ post lumbar myelogram 10/14/08
History and physical 10/14/08
Consultation report 01/28/09
Radiographic report PA and lateral chest dated 01/28/09
Operative report and discharge summary dated 01/28/09
Portable matrix camera spot film of thoracic spine in operating room dated 02/06/09
Operative report and discharge summary 03/04/09
History and physical examination 03/04/09
Radiographic report lumbar spine 4 views 04/21/09
Radiographic report single AP view of thoracic spine 08/17/09
Radiographic report AP view lumbar spine 09/17/09
Radiographic report AP view thoracic spine dated 09/17/09
Operative report dated 11/03/09
History and physical examination 06/15/10
Pre and post contrast MRI of lumbar spine 08/17/10
Operative report and discharge summary 10/27/10
History and physical examination 10/27/10
Radiographic report 3 views lumbar spine 12/07/10
CT lumbar spine with and without IV contrast 02/24/11
Operative report 04/05/11
Myelogram lumbar spine 04/05/11
Radiographic report AP and lateral lumbar spine 3 views 10/03/11
Operative report 12/20/11
History and physical 12/20/11
IRO dated 06/20/12
IRO dated 06/25/12
Preauthorization request 08/06/12
Utilization review determination 08/09/12
Peer review report dated 08/09/12
Utilization review dated 08/16/12
Peer review report dated 08/16/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury is xx/xx/xx. Records indicate he was working for a company when he was sucked into a CAT HEAD and sustained multiple injuries. Claimant had a history of prior injury from xx/xx/xx when he was involved in a motor vehicle accident. Records reflect claimant is status post lumbar laminectomy and fusion with instrumentation at L3-4 and L4-5 performed on 04/30/04. He subsequently underwent spinal cord stimulator implant and subsequent removal of stimulator. The records indicate the claimant developed adjacent segment disease at the L2-3 level above the previous fusion, and the claimant underwent extension of fusion to the L2-3 level on 10/27/10. Claimant continued to complain of low back pain and leg pain. It was noted he had made no improvement with conservative measures. Lumbar myelogram performed 04/05/11 revealed multilevel degenerative disc disease and lumbar spondylosis with extensive post-operative changes at L2-3, L3-4, L4-5

and L5-S1. Progress note from 05/12 indicated the claimant was having significant cervical and lumbar pain with extremity pain. He was noted to take hydrocodone and Flexeril in the usual doses. A request for cervical myelogram was reviewed on 08/09/12 and the request was non-certified as medically necessary. The reviewer noted that the claimant has had the same findings for years. There is no physical examination documented since 12/11. There is no mention of the need for surgery. There is no indication why an MRI or CT alone cannot be done. The request fails to meet Official Disability Guidelines criteria. As such the request for lumbar myelogram including 62284 is not medically necessary or appropriate.

A reconsideration/appeal request for cervical myelogram was reviewed on 08/16/12, and again the request was determined as not medically necessary. It was noted that the documentation submitted for review elaborates the claimant complaining of severe levels of cervical and lumbar region pain. Official Disability Guidelines recommend a myelogram provided the claimant meets specific criteria to include demonstration of a cerebral spinal fluid leak, the need for surgical planning, radiation therapy planning, disease and/or infection involving bony spine, poor correlation of physical findings with MRI studies, and that MRI is precluding secondary to claustrophobia, surgical hardware or safety reasons. There's a lack of information regarding the claimant's CSF leak, potential cervical surgical involvement in the near future, the need for radiation therapy, or any disease process involving the bony spine. Given the lack of significant clinical findings with the need for surgical planning, this request does not meet guideline recommendations.

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

Based on the clinical data provided, medical necessity is not established for cervical myelogram including 62284. Claimant is noted to have sustained an injury while working on a on xx/xx/xx, resulting in multiple injuries. He had severe low back pain and bilateral hip and leg pain. Claimant is status post lumbar laminectomy and fusion with instrumentation at L3-4 and L4-5 performed on 04/30/04, with subsequent extension of fusion to the L3 L2-3 level on 10/27/10. Claimant also had spinal cord stimulator implant with subsequent removal. He continued to complain of low back pain radiating into the lower extremities. The records also indicate the claimant had subjective complaints of neck pain. However, there is no documentation of treatment to the cervical spine. There also is no detailed physical examination indicating motor, sensory or reflex changes in the upper extremities. There's no indication that the claimant is a candidate for surgical intervention to the cervical spine that would necessitate cervical myelogram. No previous imaging studies of the cervical spine were documented. As such the request does not meet Official Disability Guidelines criteria for cervical myelogram and the request is not supported as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES