

IRO NOTICE OF DECISION – WC



Notice of Independent Review Decision

IRO REVIEWER REPORT TEMPLATE -WC

[Date notice sent to all parties]: September 17, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa).

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

American Board of Neurological Surgery

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:

- office visits on 11-29-10, 4-11-11, 5-5-11, 6-8-11, 8-1-11, 10-3-11, 12-5-11, 3-9-12, 4-26-12, 5-21-12, and 7-30-12.
- 10-27-10 Surgery.
- 12-20-11 Surgery performed by.
- Follow up.
- Follow up.
- Follow up.
- 6-20-12 IRO non certification for CT scan post myelogram.
- 6-25-12 IRO.
- Follow up.
- 8-9-12 UR.
- 8-20-12 UR.

PATIENT CLINICAL HISTORY [SUMMARY]:

MD., office visits on 11-29-10, 4-11-11, 5-5-11, 6-8-11, 8-1-11, 10-3-11, and 12-5-11.

Surgery performed by MD., exploration of previous fusion, removal of previously placed lumbar instrumentation. L2-L3 decompressive laminectomy. Bilateral L2 and L3 excision of herniated disc root decompression. Bilateral L2-L3 anterior spinal column arthrodesis, interbody technique. Bilateral L2-L3 interbody cage implants. Bilateral L2 and L3 pedicle screws and plates. Bilateral L2 through L4 posterolateral fusion. Morselized autograft. Placement of spinal fusion stimulator. Placement of On-Q subcutaneous Marcaine infusion catheter.

12-20-11 Surgery performed by MD: Removal of right paralumbar subcutaneous spinal fusion stimulator.

Follow up with Dr notes he had his right paralumbar subcutaneous spinal fusion stimulator battery removed. He has chronic mechanical lumbar pain with some aching pain in the hips and legs. He does ambulate independently but he does have a slightly flexed posture at the low back. He was seen in Dallas and was told he could return to full-time work. He is under chronic pain management and did not give him any medications. This man is fit for only very sedentary work for which he is untrained. No spinal diagnostic studies will be done at this time. He has a follow-up visit in two months or sooner if necessary.

Follow up with Dr. notes the claimant will no longer be seen in Dallas. He notes that they were apparently placing him on some type of large plastic ball and having him do extension exercises to the lumbar spine and this has greatly increased his pain. He has significant paralumbar muscular tightness with loss of lumbar lordosis. He complains of neck pain and aching pain in the shoulders and arms, but his more severe problem is the lumbar spine with aching pain in the hips and legs. CT scans of the cervical and lumbar spine will be requested. He no longer gets medications anywhere else. He was given a prescription for Hydrocodone 7.5 mg and Flexeril.

Follow up with Dr. notes the claimant has significant cervical and lumbar pain with extremity pain. He takes Hydrocodone and Flexeril. He was trying to get a CT scan of the cervical spine and lumbar spine and an IRO will be filed.

6-20-12 IRO non certification for CT scan post myelogram. The evaluator noted that without delineation of specific trauma, radiculopathy, myelopathy, pars defects or evidence of nonunion of prior fusion, applicable clinical ODG criteria for such an imaging request has not been met. Therefore, the requested service is not medically necessary at this time.

6-25-12 IRO non certification for CT scan post myelogram. ODG require evidence of trauma, which does not apply in this case, or evidence of myelopathy. There is no physical examination, no documentation of exact location of the pain, and no evidence of neurological deficit. There is no evidence of radicular findings. ODG are not met for the requested procedure.

Follow up with Dr. notes the CT scan were not approved for reasons unknown, though this claimant has severe neck and back pain with extremity pain and numbness, dysesthesias, and weakness in all four extremities. He still takes Hydrocodone 7.5 mg and Flexeril. He is incapacitated by his pain. The studies need to be done so that he can make decisions regarding management.

8-9-12 UR notes the patient has had the same findings for years. There is no physical exam documented since 12/11. The MD is a spine surgeon but 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 ODG criteria.
Conclusion/Decision to Not Certify: The request for a lumbar myelogram including #62284 is not medically necessary or appropriate.

8-20-12 UR notes the patient reported injury and now has complaints of low back and neck pain. The Official Disability Guidelines state myelography may be recommended for demonstration of the site of a cerebrospinal fluid leak; surgical planning, especially in regard to the nerve roots; radiation therapy planning; diagnostic evaluation of spinal or basal cisternal disease and infection involving the bony spine; poor correlation with physical findings with MRI studies; or if the use, of MRI is precluded. This request was previously denied on 8/9/12, as there was no physical examination documentation since December 2011. There is no indication of a need for spinal surgery, and there was no indication why the MRI or CT alone could not be done. There was still insufficient documentation submitted to indicate the need of a lumbar myelogram at this time. Though the documentation provided indicated the patient had complaints of severe lumbar pain, the last clinical note that contained a comprehensive physical examination submitted for review was 12/20/11. It is unclear based on the documentation why an MRI or CT scan would not be recommended for this patient. It is unclear that the patient has been recommended to undergo surgery that would warrant a lumbar myelogram. Given the lack of documentation to indicate the need of a lumbar myelogram, this request cannot be substantiated. As such, the request for lumbar myelogram including 622.4 is not medically necessary.

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

Medical records do not reflect any recent neurological exam since December 2011. There is no evidence of neurological deficits. There is no description of pain to substantiate radiculopathy. Additionally, the claimant does not meet ODG criteria for CT post myelogram scan to include evidence of pars defect, myelopathy. There is no indication of why the claimant could not have a simple MRI or simple CT scan. There is no indication that a surgical intervention is being planned. Therefore, the request for injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) is not reasonable or medically necessary.

Per ODG 2012 CT scan: Not recommended except for indications below for CT. (Slebus, 1988) (Bigos, 1999) (ACR, 2000) (Airaksinen, 2006) (Chou, 2007) Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. (Seidenwurm, 2000) The new ACP/APS guideline as compared to the old AHCPR guideline is more forceful about the need to avoid specialized diagnostic imaging such as computed tomography (CT) without a clear rationale for doing so. (Shekelle, 2008) A new meta-analysis of randomized trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients. (Chou-Lancet, 2009)

Primary care physicians are making a significant amount of inappropriate referrals for CT and MRI, according to new research published in the Journal of the American College of Radiology. There were high rates of inappropriate examinations for spinal CTs (53%), and for spinal MRIs (35%), including lumbar spine MRI for acute back pain without conservative therapy. (Lehnert, 2010)

Indications for imaging -- Computed tomography:

- Thoracic spine trauma: equivocal or positive plain films, no neurological deficit
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, infectious disease patient
- Evaluate pars defect not identified on plain x-rays
- Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989)

Per ODG 2012 Myelogram: 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)

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

IRO REVIEWER REPORT - WC

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)