

Clear Resolutions Inc.

An Independent Review Organization

6800 W. Gate Blvd., #132-323

Austin, TX 78745

Phone: (512) 879-6370

Fax: (512) 519-7316

Email: resolutions.manager@cri-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/18/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Myelogram w/ CT

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

M.D., Board Certified Orthopedic Spine Surgeon, Practicing Neurosurgeon

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. The reviewer finds medical necessity exists for Lumbar Myelogram w/ CT.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

MRI lumbar spine 04/24/12

Electrodiagnostic studies 06/05/12

Clinical notes 03/07/12-08/22/12

Laboratory report 04/18/12

Prior reviews 07/08/12 and 08/02/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who has been followed for complaints of low back and lower extremity pain after he fell at work. MRI of the lumbar spine on 04/24/12 revealed a prior fusion at L2-3 with prior laminectomy present. Prior laminectomy was also noted at L4-5 and possibly at L5-S1. There were continuing disc protrusions from L3-4 to L5-S1 with final stenosis noted at L3-4 that was severe to the left. Marginal severe foraminal stenosis to the right L3-4 was noted. At L5-S1 diffuse disc bulging was present contributing to a moderate left and severe right foraminal stenosis. No canal stenosis at this level was noted. At L5-S1 diffuse disc bulging was present contributing to foraminal narrowing to the right. Electrodiagnostic studies on 06/05/12 revealed evidence of acute radiculopathic changes to the right at L4-5 and possibly at L5-S1. Clinical evaluation on 06/29/12 stated that the patient's prior laminectomy and discectomy was approximately seven years ago and the patient underwent lumbar fusion at L2-3 five years ago. The patient reported that his low back pain recurred in 11/11, which consisted of numbness and low back pain radiating into the right lower extremity with numbness. Physical examination at this visit revealed right lower extremity weakness at

the extensor hallucis longus and tibialis anterior. Sensation was decreased in the anterolateral thighs and reflexes were absent at the right patellar and Achilles reflex and reflexes were absent to the right at patella and Achilles tendon. Tenderness to palpation over the lumbar paraspinal processes was noted and there was loss of range of motion on extension. CT myelogram studies were recommended to further evaluate stenosis at multiple levels. Radiographs performed at this visit revealed posterior pedicle screws and fusion at L2 through 3 with a screw locking cap that is distinct, that disengaged from the top of the screw head. Follow up on 08/22/12 stated that the patient's symptoms were worsening with pain in the left lower extremity. Physical examination revealed mild weakness in the right quadriceps and mild to moderate weakness at the right tibialis anterior and right extensor hallucis longus. CT myelogram was recommended for surgical planning.

The request for lumbar CT myelogram was denied by utilization review on 07/06/12 as MRI study was present with clinical picture and there was no mention for need of surgical planning for the patient. The request was again denied by utilization review on 08/02/12 as there was clear diagnostic findings and no question of pseudoarthrosis or lumbar instability that would support CT myelogram studies.

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

The clinical documentation establishes that this patient has had progressive worsening of symptoms with pain and numbness radiating into left lower extremity. The most recent clinical evaluation indicates the patient would undergo surgical intervention. As per the Official Disability Guidelines, CT myelogram is recommended to evaluate bony foraminal stenosis at multiple levels of lumbar spine to provide an accurate clinical picture of the patient's low back prior to surgical intervention. As current evidence based guidelines do recommend CT myelogram of lumbar spine for surgical planning purposes, and based on records that reveal this patient has progressive neurologic symptoms in his lower extremities, CT study would be appropriate. The reviewer finds medical necessity exists for Lumbar Myelogram w/ CT.

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
- 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)