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Notice of Independent Review Decision

Date notice sent to all parties: 10/25/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CT myelogram of lumbar spine

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Spinal 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.

CT myelogram of lumbar spine - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Operative reports dated 02/02/09, 02/17/10, and 12/16/10
Reports dated 08/21/12, 11/13/12, 11/14/12, 11/21/12, 12/03/12, 01/08/13, 01/17/13, 02/25/13, 03/25/13, 03/28/13, 04/17/13, 05/07/13, 05/16/13, 06/05/13, 07/09/13, 08/15/13, and 10/10/13

Office procedure notes dated 11/14/12, 01/17/13, and 03/28/13
Lumbar x-rays and CT scan dated 12/13/12
Preauthorization requests dated 05/20/13 and 08/27/13
Utilization Review Notices dated 08/23/13 and 09/20/13
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

On 02/02/09, performed a nerve stimulator placement at L5-S1. On 02/17/10, he removed this device. On 12/16/10, performed a sacral epidurography and bilateral S1 blockade. On 08/21/12, Ms. examined the patient. She was 67 inches tall and weighed 203 pounds. She had no new symptoms in the back or legs. She was taking Valium and using a compound cream. Neurological examination was intact. She had full strength in the bilateral lower extremities, but straight leg raising was not attempted on the right at the patient's request. It was normal on the left. Her assessments were pain disorder related to psychological factors, lumbar radiculopathy, lumbar post laminectomy syndrome, and back pain. Ketoprofen/Cyclobenzaprine/Lidoderm compound cream, Valium, Nexium, and Benadryl were prescribed. On 11/13/12, the patient informed Ms. she had a significant increase in her pain when she woke up the prior Friday with horrible pain in her right low back. She denied leg symptoms and had no numbness or tingling. She had started some Prednisone at home, which helped only a little. She took a couple of her friend's Demerol, which helped tremendously. She was exquisitely tender over the right paravertebral area at about L5. Neurological examination was intact. A trigger point injection was performed, which helped her pain significantly. It was noted new imaging might be necessary at her next visit. Her medications were refilled. On 12/03/12, Ms. noted the patient had extreme pain in the right side of her back and made the appointment for another trigger point injection, but her pain had settled down a little bit and she no longer needed one. She was using Lidoderm patches and the compound cream. She also had an increase and change in her leg pain. She had shooting pain down both legs, which was associated with numbness. It was noted a CT scan had been requested because she could not have an MRI due to her spinal cord stimulator (SCS). Her medications were refilled. It was noted she was to see on 12/11/12 and it was hoped she would have the CT scan by that time. X-rays of the lumbar spine dated 12/13/12 revealed moderate multilevel degenerative changes of the lower lumbar spine. A lumbar CT scan was also performed on 12/13/12 and revealed L5-S1 moderate degenerative changes with mild bilateral foraminal stenosis. On 01/17/13, examined the patient. She was seen on an urgent basis. She had started yoga and performed a leg lift, which induced severe spasm on the left side of her lumbar spine. She also complained of right elbow pain. She had trigger point type tenderness over the right quadratus lumborum and a trigger point injection was performed at that time. Her medications were refilled. On 03/28/13, the patient described walking in a store with a friend and having excruciating back pain rated at 10/10. She felt it was a muscle spasm type pain. She had no radiating pain. Two trigger point injections were performed and

Valium, Lidoderm patches, the compound cream, and Benadryl were refilled. reviewed the CT scan on 05/07/13. She had deep spasm type pain in the lower back that went down the legs, but not below the knees. She reported a history of recent numbness and tingling. It was noted a peer to peer call was to be done regarding an injection. It was felt likely L4-L5 was the culprit. Valium and Lidoderm patches were refilled. On 07/09/13, Ms. noted they had not been successful in getting an ESI approved and the patient wanted a surgical evaluation. She had full strength in the bilateral lower extremities, except that the hip flexor was not tested on the right, as it caused excruciating back pain. Sensation and reflexes were normal. She was referred and Valium was refilled. The patient continued with low back and leg radicular pain that was bilateral when she returned to Ms. on 08/15/13. She had tried to see, but he required a CT myelogram before seeing her. She had tingling in the left small toe, which turned to numbness in all the toes in the neurological examination. Reflexes were normal. Valium was refilled and it was noted a CT myelogram would be requested. On 08/23/13, provided a non-certification for the requested CT myelogram of the lumbar spine. On 09/20/13, also provided a notice of non-certification of the requested CT myelogram of the lumbar spine. Ms. reexamined the patient on 10/10/13. She had headaches, pain in the hand, and pain in the feet with numbness and tingling. She stated her back and leg pain had increased significantly since her last office visit. She felt like her back was locking up on her sometimes. Her right foot was numb all the way to the ankle. She also had numbness on the outside of her right leg, as well as tingling throughout her right lower extremity. She used the SCS for night time pain, but it was not helpful during the day. She could not take opioids due to her intolerance. It was again noted the patient could not be seen. without a CT myelogram. Straight leg raising was now positive for shooting pain down the right lateral leg and foot, as well as tingling into the toes on the left. Reflexes were normal. She had decreased sensation throughout the entire right foot, right lateral calf with tingling in the right medial and posterior calf, and tingling to light touch in the left toes. Lidoderm, the compound cream, and Valium were refilled.

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

The patient has been evaluated with a CT scan on 12/13/12 that shows only mild foraminal stenosis. The patient's physical examination, performed by the treating physician, did not demonstrate any abnormalities consistent with radiculopathy. The reflexes are symmetric and strength was normal. Sensation is of note only for tingling in the small toe. Straight leg raising was not done on one side. On the other side it was positive only for numbness. The motor examination appears normal and the patient's gait and station are normal. I am aware that the patient has a spinal cord stimulator which would preclude the use of an MRI. However there is no requirement at this time for advanced imaging, such as a CT scan. The fact that the physician the patient is being referred to will not accept the referral because he requires a CT myelogram is not sufficient objective evidence to support obtaining another myelogram at this time. Furthermore, this patient is

not a surgical candidate. There was no surgical lesion identified on the previous CT scan. The CT myelogram would not yield any additional or useful information in planning this patient's care. Therefore, the requested CT myelogram of the lumbar spine is not appropriate, medically necessary, or supported by the ODG and the previous adverse determinations should be upheld at this time.

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 KNOWLEDGBASE
- 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)