

# CASEREVIEW

8017 Sitka Street  
Fort Worth, TX 76137  
Phone: 817-226-6328  
Fax: 817-612-6558

## Notice of Independent Review Decision

[Date notice sent to all parties]: April 24, 2013

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1) Lumbar Myelogram with injection, 2) X-ray Lumbar with Flex and ext views, fluoroscopy and Pain management

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

This physician is a Board Certified Orthopedic Surgeon with over 40 years of experience.

### REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

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:

10/13/10: MRI Lumbar Spine interpreted by MD  
10/06/11: MRI Lumbar Spine interpreted by MD  
10/13/11: Initial Evaluation by, DC with Injury 1  
10/31/11: Rehabilitation Progress Note by DC  
11/01/11: Consultation by DO  
11/03/11: Follow-up by, MD

11/03/11: Rehabilitation Progress Note by DC  
11/10/11: MRI Lumbar Spine interpreted by MD  
11/29/11: Follow-up by DO  
01/12/12: Follow-up by DO  
02/09/12: Follow-up by DO  
03/06/12: Follow-up by DO  
04/26/12: Follow-up by DO  
025/24/12: Follow-up by DO  
07/05/12: Follow-up by DO  
07/12/12: Procedure Note by DO  
07/26/12: Follow-up by DO  
08/28/12: Follow-up by DO  
09/25/12: Follow-up by DO  
10/26/12: History and Physical by, MD with Spine Solutions, PA  
11/29/12: MRI Lumbar Spine interpreted by MD  
12/11/12: Extended Follow-up by DO  
12/31/12: Follow-up by MD  
01/18/13: History and Physical by MD with Spine Solutions, PA  
01/28/13: Follow-up by MD  
02/12/13: UR performed by MD  
03/18/13: Chart Note by MD  
03/25/13: UR performed by DO

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who was injured on xx/xx/xx while performing his customary job duties as a xx . His work truck was side swiped by an 18 wheeler, causing injury to his low back and left knee.

On October 13, 2010, MRI Lumbar Spine, Impression: 1. Moderate to large left paracentral disc herniation at the L5-S1 level which elevates and compresses the left first sacral nerve root and results in mild central spinal stenosis. 2. Moderate to large broad-based left asymmetric disc bulge versus protrusion at the L4-5 level which elevates the left fifth lumbar nerve root at the level of subarticular recess without central spinal stenosis.

On October 6, 2011, MRI Lumbar Spine, Impression: 1. L1-2, L2-3, L3-4: Normal. 2. L4-5: Broad 2 mm disc protrusion with a 4 mm left-sided component, mild thecal sac stenosis and mild bilateral neural foraminal narrowing, left greater than right. 3. L5-S1: Broad 3 mm disc protrusion with a 5 mm left paracentral component, mild thecal sac stenosis and mild bilateral neural foraminal narrowing. 4. There are facet joint effusions at L4-5 and L5-S1, indicative of acute facet joint irritation and lumbar facet syndrome.

On October 13, 2011, the claimant was evaluated by DC for a therapy evaluation. It was recommended he be seen 3 days a week for 2 weeks.

On November 1, 2011, the claimant was evaluated by DO for possible medication changes. He had previously taken Percocet which helped him but was changed to Norco. He was complaining that Norco made him itch. On examination he had trouble getting up from a seated position. Forward flexion aggravated his pain mostly on the left. He had muscle spasm and tenderness to palpation L1-L5 worse on the left than the right. He had some pain to palpation of the piriformis muscle. He had some extension of the pain into his left hamstring. Impression: 1. Lumbar strain with myositis. 2. Possible lumbar radiculitis. 3. Left knee strain with possible internal derangement. Plan: He was prescribed Lortab.

On November 3, 2011, the claimant was re-evaluated by MD who referred him to an orthopedic surgeon, recommended continuation of physical therapy and consult with Dr. concerning pain management.

On November 10, 2011, MRI of the Lumbar Spine, Impression: 1. There is a left posterolateral and foraminal L5-S1 disc protrusion. If the patient has left L5 worrisome symptoms, this may be important. 2. There is left foraminal L4-5 disc herniation with moderate stenosis of the central canal. 3. Mild stenosis is seen in the central canal at L3-4.

On November 29, 2011, the claimant was re-evaluated by Dr. who recommended lumbar epidural steroid injection to decrease nerve root irritation and pain. Dr. also refilled his Hydrocodone and Flexeril prescription.

On January 12, 2012, the claimant was re-evaluated by Dr who stated the ESI was denied. The claimant continued to have back pain that radiates down his left leg to the bottom of his foot. Plan: Reorder ESI and if again denied, may need to order a myelogram although this would not seem necessary with an 8 mm disc bulge.

On April 26, 2012, the claimant was re-evaluated by Dr. where it was reported the claimant underwent surgery for his knee. On exam he had paravertebral muscle spasm L3 through L5 with associated tenderness. His pain radiated into the gluteal area of his left leg. Plan: Reorder lumbar ESI and refilled his Hydrocodone and Flexeril to help with his back pain.

On July 12, 2012, the claimant underwent a Lumbar Epidural Steroid Injection with Fluoroscopy and Anesthesia by, DO.

On July 26, 2012, the claimant was re-evaluated by Dr. who reported no improvement with the ESI and that his pain medication was no longer giving him relief. He was returned to Dr. for re-evaluation for back surgery.

On August 28, 2012, the claimant was re-evaluated by Dr. who refilled his Norco and was thinking of transferring him to a chronic pain prescriber as the claimant may have been better off with long term medications.

On October 26, 2012, the claimant was evaluated by MD for low back pain rated 7/10. On examination there was midline tenderness in the lower lumbar and tenderness to palpation of the left buttock. There was decreased sensation at L4, L5, and S1. Anterior tibialis, Extensor Hallicus and Gastrosoleus with all 4/5 motor strength on the left, while they were 5/5 on the right. Achilles reflex was 1+ on the left and 2+ on the right. Assessment: Lumbar HNPs. Plan: Lumbar MRI due to poor quality on the last film.

On November 29, 2012, MRI Lumbar Spine, Impression: 1. L1-2: No disc herniation, canal stenosis, or neural foraminal encroachment. 2. L2-3: Broad 1 mm disc protrusion. 3. L3-4: Broad 1 mm disc bulge. 4. L4-5: Broad 2 mm disc protrusion with a 3 mm left paracentral component causing mild thecal sac stenosis, left lateral recess narrowing and mild bilateral neural foraminal narrowing. 5. L5-S1: Broad 3 mm disc protrusion with borderline thecal sac stenosis and mild bilateral neural foraminal narrowing. 6. There are facet joint effusions at all lumbar levels, indicative of acute facet joint irritation and lumbar facet syndrome.

On December 31, 2012, the claimant was re-evaluated by MD for low back pain unchanged since previous exam. On physical exam he had mild pain with flexion at approximate 45 degrees and mild pain on extension at approximately 30 degrees. There was no compression pain over the lumbar spine and there were no other motor or sensory deficits noted. Reflexes were normal in both lower legs and his gait was normal. Impression: 1. Lumbar pain possibly secondary to lumbar disc disease. Plan: Appointment with surgeon on January 4, 2013, follow-up with the chronic pain management doctor, Dr..

On January 18, 2013, the claimant was re-evaluated by MD for continued low back pain that radiates to left buttock. Pain was rated 7/10 and occurs constantly, made worse by standing and walking, and described as shooting, throbbing, and aching. On exam his gait was normal, he had midline tenderness in the lower lumbar, and tenderness to palpation at the left buttock. Decreased sensation at L4, L5, and S1. Plan: Based on the fact the ESI did not help him very much, Dr. stated he was an operative candidate. The MRI report did not mention the severity of his stenosis due to the epidural lipomatosis and therefore, Dr. wanted a CT myelogram to outline the actual size of the spinal canal as it goes past his two herniated discs at L4-5 and L5-S1. He also indicated he would need decompression and fusion at two levels.

On February 12, 2013, MD performed a UR. Rationale for Denial: For the described medical situation, the above noted reference would not presently support a medical necessity for the requested radiographic studies, as the submitted documentation does not provide any data to indicate the presence of a concern with respect to instability in the lumbar spine, and additionally, there is no documentation presently available for review which indicates the presence of any new changes on neurological examination compared to previous. As a result, at the present time, for the described medical situation, medical necessity for

radiographic testing is not presently established. The above noted reference does indicate that there are instances whereby consideration can be given for a referral for a specific issue if there is sufficient documentation to support a medical necessity for an office visit/consultation. Presently, the submitted documentation does not provide specifics to support a medical necessity for a pain management assessment.

On March 18, 2013, the claimant was re-evaluated by MD who reported on physical exam there was tenderness noted in the lower lumbar spine. Lumbar spinal ROM was decreased and painful secondary to muscle spasms. Decreased sensation in the left L4, L5 and S1 distribution. Muscle weakness was noted to be 4/5 in the left anterior tibialis, extensor hallucis and gastrocnemius. Straight leg raise was positive on the left side, negative on the right. Dr. opined that based on the incomplete imaging, patient's subjective complaints and the significant worsening of symptoms (i.e. muscle weakness and radicular complaints), failure to respond to conservative measures and patient now being a surgical candidate, a Lumbar CT-Myelogram with concurrent flexion and extension x-rays for surgical planning purposes is medically necessary.

On March 25, 2013, DO performed a UR. Rationale for Denial: Given the lack of any progressive neurological deficits or concerns regarding lumbar instability, the requested lumbar myelogram with radiograph flexion extension views and fluoroscopy would not be indicated at this time per guideline recommendations. Additionally, there is insufficient documentation to support a pain management referral as the patient has already undergone extensive chronic pain treatment to date. As such, medical necessity for the requests is not established and the prior denial is upheld.

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

The previous adverse determinations are upheld. A Lumbar Myelogram with injection and X-ray Lumbar with flexion and extension views are not medically necessary or helpful in treatment of this claimant as far as surgery is concerned. There is no evidence of instability of the spine, no significant degenerative changes noted on previous MRIs, and no prior lumbar surgeries documented. Documented symptoms indicate back, left hip and left leg pain and physical findings are reflex changes in the left Achilles and weakness in the L5, S1 nerve root distribution. These findings were first documented by MD on October 26, 2012 and there is no documentation showing these symptoms have worsened. There is already MRI evidence of herniated disk at L4/5 and L5/S1 and with the documented physical findings, there is no further information that the requested services could provide to devise a surgical plan. Regarding the request for Pain Management, the claimant has already received pain management through Dr.; therefore there is insufficient documentation to support the need for another referral. The request for 1) Lumbar Myelogram with injection, 2) X-ray Lumbar with Flex and ext views, fluoroscopy and Pain management is not found to be medically substantiated at this time.

PER ODG:

**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

Flexion/extension imaging studies	Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. See <a href="#">Range of motion</a> (ROM); <a href="#">Flexibility</a> . For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. See <a href="#">Fusion</a> (spinal).
Office visits	Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The <a href="#">ODG Codes for Automated Approval</a> (CAA), designed to automate claims management decision-making, indicates the number of E&M office visits (codes 99201-99285) reflecting the typical number of E&M encounters for a diagnosis, but this is not intended to limit or cap the number of E&M encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a “flag” to payors for possible evaluation, however, payors should not automatically deny payment for these if preauthorization has not been obtained. Note: The high quality medical studies required for treatment guidelines such as ODG provides guidance about specific treatments and diagnostic procedures, but not about the recommended number of E&M office visits. Studies have and are being conducted as to the value of “virtual visits” compared with inpatient visits, however the value of patient/doctor interventions has not been questioned. ( <a href="#">Dixon, 2008</a> ) ( <a href="#">Wallace, 2004</a> ) Further, ODG does provide guidance for therapeutic office visits not included among the E&M codes, for example <a href="#">Chiropractic manipulation</a> and <a href="#">Physical/Occupational therapy</a> .

**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)**