

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sep/25/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient lumbar CT myelogram

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

Board Certified Anesthesiologist

Board Certified Pain Medicine

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

MRI lumbar spine 10/13/08

Clinical records 03/06/12-08/20/13

Patient information 03/09/09 and 03/26/09

Peer review 02/01/08

Prospective review response 09/11/13

Prior reviews 08/12/13 and 08/22/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx when she was involved in a motor vehicle accident. Per the peer review report on 02/01/08 the patient had prior epidural steroid injections. It appeared that the patient was status post spinal decompression with fusion at L5-S1 and was subsequently diagnosed with failed back surgery syndrome. MRI from 10/13/08 showed post-operative hardware at L5-S1. At L4-5 there was mild facet arthrosis with no evidence of canal stenosis. Disc height was preserved at L4-5 and there was increased signal within the annulus consistent with annular tear and disc bulge with no mass effect on the descending nerve roots. The patient was followed for chronic pain by the Capital Pain Institute. The patient utilized multiple medications including oxycontin Doxepin Norco and sonata and tramadol. No further imaging studies were documented after 2008. The patient reported limited sleep with the use of Doxepin in 12/12. The patient was recommended to switch to Trazadone. Narcotic medications were continued. The patient

reported sedating effects with oxycontin and wished to return to Norco in 06/13. The clinical evaluation on 07/02/13 stated that the patient's low back pain continued with radiation to the left hip and groin. The patient reported more bilateral hip pain which was a new complaint at this visit. Physical examination showed tenderness to palpation over the right sacroiliac joint. No motor weakness or sensory deficits were noted. The patient was continued on medications at this visit. Follow up on 07/31/13 indicated that the patient had worsening low back pain and groin and hip pain. Physical examination showed continued tenderness over the lumbar spine at L5-S1 and tenderness over the paravertebral musculature and facet joints from L3 to S1. The patient was recommended for lumbar medial branch blocks at this visit and continued on medications. Follow up on 08/20/13 indicated that the back pain was increasing. Physical examination continued to show tenderness to palpation over the lumbar spine and paravertebral musculature and facet joints. Again medial branch blocks were recommended and CT myelogram of the lumbar spine was scheduled. The requested CT myelogram of the lumbar spine was denied by utilization review on 08/12/13 as there were no significant changes on physical examination supporting additional imaging. No plain film radiographs had been performed recently and there were no red flags or suspicions of hardware failure supporting CT myelogram at this time. The request was again denied by utilization review on 08/22/13 as there was no indication that surgical procedures were being planned and no records of recent plain film studies or recent MRI were noted that were inconclusive to support CT myelogram.

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

The patient has a long history of chronic low back pain consistent with failed back surgery syndrome. The most recent clinical records established an increasing amount of low back pain occurring. Physical examinations were negative for any objective findings for progressive or severe neurological deficits and no red flags were noted supporting emergent imaging. There is no documentation regarding recent plain film radiographs or MRI which show suspicions for hardware complications or progressive adjacent level of disease at L4-5. As plain film radiographs have not been performed to date, there is no indication regarding surgical planning, and given the absence of any red flag findings for emergent imaging, it is the opinion of this reviewer that medical necessity in this case has not been established and the prior denial is upheld.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES