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Notice of Independent Review Decision

November 26, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar CT myelogram

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

Orthopedic Physician

REVIEW OUTCOME:

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained a work-related injury to the lower back on xx/xx/xx. This resulted in back pain.

xxxx – 2002: No records available.

2003 – 2005: On January 13, 2003, evaluated the patient for a refill of her medication. The patient stated there had been no change since the last visit. refilled the medications and recommended a follow-up in three months.

On January 29, 2003, the patient reported that her stimulator went off and she was unable to turn it back on for several hours. She finally got it turned on, the IPG battery light was flashing on her patient controller. The battery had lasted

four months longer than her previous batteries. She was getting stimulation; however, it felt different than normal. requested for replacement of Itrell battery.

On March 3, 2003, evaluated the patient status post battery replacement. adjusted the battery and recommended a follow-up in six to eight weeks.

On April 11, 2003, noted the patient was utilizing Lortab, Ambien, Pamelor, Neurontin and Celebrex. The patient reported that the stimulator implants seemed not working like her previous implants. felt the connectors were not contacting 100% and recommended a follow-up in three months.

On July 7, 2003, refilled Lortab, Ambien, Pamelor, Neurontin and Celebrex.

On December 1, 2003, noted there was no change from the last visit. He recommended a follow-up in three months.

On March 1, 2004, evaluated the patient. The patient reported that her spinal cord stimulator (SCS) battery had depleted and she was getting minimal to no stimulation. refilled Lortab, Ambien, Pamelor, Neurontin and Celebrex, and requested for replacement of the IPG.

On March 12, 2004, x-ray of the chest showed lower thoracic dorsal column stimulator lead and previous cholecystectomy with right upper quadrant surgical clips.

On March 17, 2004, performed removal and replacement of the Itrell 3 battery and complex programming postoperatively. Discharge medications were Lortab and Keflex.

On March 29, 2004, noted that the surgical site had healed well and recommended follow-up on an as-needed basis.

On June 24, 2004, evaluated the patient for medication refill. The patient reported that she had good days as well as some bad days; and the battery was working very well. refilled medications.

On August 18, 2004, performed a medical evaluation and rendered the following opinions: (1) Current diagnosis was post-laminectomy syndrome with right lower extremity pain. The patient was status post insertion of SCS with satisfactory results. (2) The injuries sustained were well-documented in the medical records with a right paracentral disc herniation at L5-S1 causally related to the work injury of xx/xx/xx. (3) No pre-existing conditions were identified. (4) The treatment appeared appropriate and related to the original injury. (5) The patient was being evaluated every three months to include medication management as well as management of SCS. This was appropriate and should have been continued. (6) The medications to include Ambien, Lortab, Neurontin, Pamelor and Celebrex and SCS needed to be continued. (7) There was no indication for additional diagnostic testing. (8) The patient had developed a post-laminectomy syndrome

with neuropathic right lower extremity pain. (9) The pain duration had far exceeded what would normally be expected for a decompressive laminectomy at L5-S1. (10) Continued treatment was reasonable and necessary and related to the original injury and treatment would likely need to be continued indefinitely. (11) There was no indication for further surgery and no corrective surgery was required.

On August 30, 2004, evaluated the patient for medication renewal. opined the treatment that the patient was receiving now had been made necessary by her work injury and subsequent surgical treatment.

On November 29, 2004, refilled Lortab, Ambien, Pamelor, Neurontin and Celebrex.

On March 7, 2005, evaluated the patient and noted she was status quo. She returned for prescription renewal.

On June 13, 2005, noted the patient was utilizing Neurontin, Celebrex, Lortab, Ambien and Pamelor. She was a little more symptomatic in the upper back, but indicated that when her lower back started to hurt, she would voluntarily guard. She continued using stimulator.

On August 29, 2005, evaluated the patient for a little low back pain, otherwise she remained essentially unchanged. She was fairly well maintained on her current medications and the SCS continued to be effective. Her medications were refilled.

On December 5, 2005, refilled Neurontin, Celebrex, Lortab, Ambien and Pamelor.

2006 – 2009: From March 13, 2006, through September 11, 2006, the patient was evaluated for refill of Celebrex, Lortab, Ambien, Pamelor, and Neurontin.

On October 11, 2006, performed removal of lead extension wire, removal of Itrell IPG and replacement with a rechargeable RESTOR with a 40-cm lead extension wire, re-hooking this up to the previous quad Pisces lead and performed complex programming prior to discharge.

On October 25, 2006, noted successful SCS battery replacement. The patient was recommended follow up on an as-needed basis.

On December 4, 2006, refilled medications.

On June 5, 2007, refilled Celebrex, Pamelor, Neurontin and Lortab.

On June 25, 2007, performed medical evaluation and rendered the following opinions: (1) The patient had post laminectomy syndrome with residual back and severe neuropathic right lower extremity pain. Because the patient's back surgery was causally related to the xx/xx/xx, injury, the patient's residual postlaminectomy

syndrome was causally related to the xx/xx/xx, injury. (2) Medical services, treatments, and diagnostic testing to date had been medically necessary and related to the on-the-job injury. (3) All current medications were reasonable and necessary and related to the on-the-job injury of xx/xx/xx. (4) The patient would not require any diagnostic testing. She would require ongoing pain management to include management of the SCS as well as ongoing prescription medications. She was being managed judiciously and there was no evidence of compliance issues, medication abuse or overuse.

On December 4, 2007, noted that the patient was fairly stable on her medications and refilled Celebrex, Pamelor, Neurontin, Lortab and Ambien.

On June 3, 2008, and December 4, 2008, refilled Ambien, Celebrex, Pamelor, Neurontin and Lortab.

On June 4, 2009, and December 3, 2009, refilled Lortab, Neurontin, Pamelor, Celebrex and Ambien.

2010 – 2013: On May 12, 2010, performed a peer review and rendered the following opinions: (1) Diagnosis was status post L5-S1 bilateral laminotomy at L5-S1 with resulting epidural fibrosis, with SCS implant. (2) The extent of the compensable work injury was L5-S1 disc space. (3) The patient was in medical maintenance follow up, seeing the doctor every six months for medication refills. The treating doctor's document was insufficient per ODG criteria for ongoing use of all medications. There was no documentation of improved pain levels, functional levels and exam findings. Without proper documentation, ODG would not support ongoing use of medication. (4) Celebrex was a Cox II nonsteroidal. There were no office visit notes available identifying GI irritation, and thus, per ODG, this can be substituted with an over-the-counter anti-inflammatory. (5) Pamelor was a tricyclic antidepressant, reasonable per ODG for neuropathic pain. However, without proper documentation from treating doctor, unless there was efficacy, ongoing use would not be supported by ODG. (6) Neurontin was an anti-seizure medication prescribed for neuropathic pain. The use of both this and Pamelor for neuropathic pain would not be reasonable nor was there documentation of efficacy. Treating doctor and the patient should wean both Pamelor and Neurontin and determine which is more effective for neuropathic pain and continue on either but not both. Lortab 10/500mg was an opioid with the patient being prescribed eight per day. Thus the patient was being prescribed 4000 mg of acetaminophen per day, exceeding FDA guidelines. This large dose of Lortab was being prescribed without sufficient documentation from the prescribing doctor to identify pain level, functional level, nor documentation of objective exam findings. The large dose of this opioid does not appear reasonable. (7) The patient had been prescribed opioids for a very prolonged period of time. It was probable that the patient had developed opioid hyperalgesia due to prolonged use and weaning would be required. (8) Ambien was prescribed for insomnia. It was not medically probable that any insomnia at this point was causally associated to the xx/xx/xx, work event. In addition, ODG would not support use of Ambien for longer than 10 days, and Ambien CR was only

recommended up to 24 weeks. The patient had grossly exceeded the guidelines. The ongoing use of Ambien was not reasonable, medically necessary, or related to the xxx work event in all medical probability. (9) Celebrex and Ambien could be abruptly discontinued. The patient would require weaning at a rate of 25% per week for four weeks off of Pamelor, Neurontin 600 mg and Lortab 10/500 mg. (10) Once the patient had been weaned off of the above medications that were not within ODG guidelines. Medical maintenance follow up for acute exacerbation of symptoms would be reasonable. ODG would support occasional use of lower-dose opioid for acute exacerbation in symptoms, the continual high doses of opioids was not reasonable. SCS was still implanted, though efficacy would have to be questioned due to the excessive medications being prescribed. It was not probable that additional diagnostics were needed. No additional active treatment was reasonable.

On June 7, 2010, noted the patient had increased burning pain to the right foot and pain into the right sciatic notch. Her right leg symptoms, however, did not seem to be increased. The patient's Lortab, Neurontin, Pamelor, Celebrex and Ambien were refilled for six months.

On December 6, 2010, evaluated the patient for ongoing issues and medication refill. Ms. refilled Lortab, Neurontin, Pamelor, Celebrex and Ambien.

On May 11, 2011, performed a peer review and rendered the following opinions: (1) The patient was in medical maintenance follow-up seeing the doctor every six months for medication refills. The last office visit note dated June 7, 2010, identified a pain level of 6 to 7 with no functional levels noted and no abnormal neurological exam findings identified. (2) Treating doctor's documentation was insufficient per ODG criteria for ongoing use of all medications. Celebrex and Ambien could be abruptly discontinued. The patient would require weaning at the rate of 25% per week for four weeks of Pamelor, Neurontin and Lortab. Once the patient had been weaned off of above medications that were not within ODG guidelines, medical maintenance follow up for acute exacerbation of symptoms would be reasonable. While ODG would support occasional use of lower dose opioid for acute exacerbation in symptoms, the continual high doses of opioids was not reasonable. SCS was still implanted, though efficacy would have to be questioned due to the excessive medications being prescribed. No additional diagnostics were reasonable.

On June 13, 2011, evaluated the patient for six-month scheduled follow-up appointment for medication refill. The patient reported right lower extremity pain at 5-6/10 with medications and 10/10 without medications. refilled Norco, Neurontin, Pamelor, Celebrex and Ambien.

On August 13, 2012, evaluated the patient for refill of medications. History was positive for stomach ulcer, diabetes, anxiety, depression, sexual difficulty and corticosteroids. opined the patient had chronic low back pain as well as reflex sympathetic dystrophy (RSD), which was controlled with an SCS and oral medications. He refilled Pamelor, Neurontin, Norco, Celebrex and zolpidem.

On February 25, 2013, evaluated the patient for medication refill. Examination revealed paravertebral muscle tenderness. The lumbar ROM was painful. The spinous processes were tender at the mid region. refilled Pamelor, Neurontin, Norco, Celebrex and zolpidem.

On August 26, 2013, the patient reported well control of her symptoms on medications and SCS. refilled Norco, Ambien, gabapentin, Celebrex and Pamelor.

2014: On April 7, 2014, evaluated the patient for low back pain and sympathetic-mediated pain. The patient was not gainfully employed. Examination showed a pain level of 8/10. The patient continued to use the stimulator yet the pain requirement seemed to be persistently significant. The patient had sleep disturbance and would sleep perhaps about four hours. felt there was no allodynia and hyperpathia at the time and refilled medications. A urine drug screen performed was positive for hydrocodone, hydromorphone and norhydrocodone.

On October 6, 2014, noted the patient had severely incapacitating right buttock pain and pain down the right leg. The patient had used stimulator over the last several weeks and had increasing pain. She rated the pain in her buttock and leg at 7/10. Examination revealed positive Fortin sign, FABER, and Stork sign. She was unable to sleep through the night and had not been able to sleep through the night for years. She was unable to sit comfortably. indicated the patient had accentuation of the radicular type pain or possibly pseudoradicular pain. Medications were refilled. recommended myelogram and post-myelogram CT and EMG/NCS. He also recommended image-guided diagnostic injection to the right SI joint to be certain that he was not overlooking something was going on with the spinal canal, and to rule out an SI joint disruption.

Per utilization review dated October 14, 2014, the request for lumbar CT myelogram was denied with the following rationale: *"The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. The mechanism of injury was not provided. Medications included Neurontin 600 mg five times daily, Pamelor 25 mg at night, Norco 10/325 mg four to six times daily, Celebrex 200 mg daily and zolpidem 10 mg at night. Surgical history included a laminectomy and discectomy in 1994. Diagnostic studies were not provided. Other therapies included stimulator and walking. The patient is a female who reported an injury on xx/xx/xx. The follow up note dated October 6, 2014, indicated the patient had severely incapacitating right buttock pain and pain down the right leg. The patient reported that she had been using her stimulator for the last several weeks and had increasing pain. The patient reported her pain in her right buttock and leg was at a 7/10. Upon examination, there was a positive Fortin sign, positive FABERE, and positive Stork sign. The patient reported that she was unable to sleep through the night. The patient reported she was able to sit comfortably for approximately 30 minutes. The physician indicated that the patient had not had an imaging study in a long time and with the accentuation of*

the radicular type pain or possibly pseudoradicular pain, he recommended an EMG and nerve conduction study of the right lower extremity, myelogram, and post-myelogram CT, along with image-guided diagnostic injection to the right SI joint to be certain that he was not overlooking something was going on with the spinal canal, and to rule out an SI joint disruption. The Official Disability Guidelines state that myelography is not recommended except for when MR imaging cannot be performed, or in addition to MRI. The criteria for myelography is demonstration of the site of a cerebrospinal fluid leak; surgical planning; radiation therapy planning; diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine; poor correlation of physical findings with MRI studies; or use of MRI precluded because of claustrophobia, technical issues, safety reasons, or surgical hardware. The records submitted for review indicated the patient had complaints of severely incapacitating right buttock pain and pain down the right leg, which she rated at a 7/10. Upon examination, the patient had a positive Fortin sign, positive FABERE, and a positive Stork sign. However, the records submitted for review failed to include documentation of a contraindication of MRI due to claustrophobia, technical issues, safety reasons or surgical hardware. Given the above, the request for lumbar CT myelogram 72132, 62284, and 72265 is non-certified.”

Per reconsideration review dated October 31, 2014, the appeal for lumbar CT myelogram was denied based on the following rationale: *“The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. The mechanism of injury was not provided. Current medications were not provided. Surgical history includes a laminectomy and discectomy in 1994. Diagnostic studies were not provided for review. Other therapies include a spinal cord stimulator, home exercise program and medication therapy. The request for a lumbar CT myelogram was previously denied due to the lack of documentation indicating contraindications to an MRI. The patient is a female who reported an injury on xx/xx/xx. The diagnoses include reflex sympathetic dystrophy, unspecified. The follow up note dated October 6, 2014, indicated that the patient had severely incapacitating right buttock pain and pain down the right leg. The patient rated her pain at a 7/10. Physical examination revealed a positive Fortin sign, positive FABERE’s test and a positive Stork sign. The physician indicated that the patient had not had an imaging study in a long time, and with the accentuation of the radicular type pain or possibly pseudoradicular pain, he recommended EMG and nerve conduction study of the right lower extremity, myelogram and post-myelogram CT, along with image-guided diagnostic injection to the right SI joint to be certain that he was not overlooking something going on with the spinal canal, and to rule out an SI joint disruption. The Official Disability Guidelines state that myelography is not recommended except for when MRI cannot be performed, or in addition to MRI. The criteria for myelography is demonstration of the site of a cerebrospinal fluid leak; surgical planning; radiation therapy planning; diagnostic evaluation of the spinal or basal cisternal disease, and infection involving the bony spine; poor correlation of physical findings with MRI studies; or use of MRI precluded because of claustrophobia, technical issues, safety reasons or surgical hardware. The follow-up note dated October 6, 2014, indicated that the patient had severely incapacitating right buttock pain and pain*

down the right leg. The patient rated her pain at a 7/10. Physical examination revealed a positive Fortin sign, positive FABERE's test and a positive Stork sign. There is a lack of documentation indicating significant or progressive neurological deficits to support the request for imaging. In addition, there is no indication that an MRI was unavailable, inconclusive, or contraindicated. As such, in agreement with the previous determination, the request for Lumbar CT Myelogram is non-certified."

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

The response to this request would be denied based on current clinical documentation provided as well as current Guidelines. By way of history, this is a female with extended history of low back issues, dating back to xx/xx/xx. Based on the most current notes provided, the claimant was seen in October 6, 2014. The claimant apparently had an accentuation of her radicular type pain. Myelogram and post myelogram CT and EMG/nerve conduction tests were recommended. Per utilization review on October 14, this was denied as failing to meet evidence based guidelines for the requested service. When one looks at the Official Disability Guidelines, it states "myelography is not recommended except for when an MRI cannot be performed or in addition to an MRI". There is lack of documentation as to inability for the claimant to obtain an MRI and as such the request for the CT myelogram would be denied. Further medical documentation and peer to peer review would be beneficial in this case.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES