

# Clear Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Nov/19/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** lumbar myelogram with post CT

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O., Board Certified Neurological 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 health care service in dispute.** It is this reviewer's opinion that the requested lumbar myelogram with post CT is medically necessary.

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who sustained an injury on xx/xx/xx when he fell on his buttocks and flat on his back. The patient initially reported complaints of pain in the low back radiating to the left hip. The patient described foot drop affecting the left lower extremity at the foot. Medications have included muscle relaxers and Tramadol for pain. The patient did undergo 1 caudal epidural steroid injection on 08/19/14. The patient did attend physical therapy. Radiographs of the lumbar spine from 06/02/14 noted mild to moderate degenerative changes in the lumbar spine. An MRI study of the lumbar spine completed on 07/03/14 was noted to be a poor to fair quality study which noted mild disc space narrowing and disc desiccation at L4-5 and L5-S1 with disc protrusions present at both levels compressing the thecal sac as well as the neuroforamina and lateral canals. As of 08/21/14, the patient reported continuing complaints of low back pain without radiating symptoms to the lower extremities. The patient's physical examination noted intact strength and sensation in the lower extremities. No abnormal reflexes were present. There was limited range of motion present in the lumbar spine region with tenderness to palpation and spasms. Medications were continued at this evaluation. The patient was felt to be a potential surgical candidate. Lumbar CT myelogram studies were recommended on 09/03/14 due to the poor quality of the MRI study and the need to delineate structures prior to any surgical intervention. The most recent evaluation on 10/08/14 continued to note low back pain. The patient had developed further radiating symptoms in the left lower extremity with associated numbness, tingling, and weakness. The patient's physical examination noted weakness at the left dorsa flexors with intact sensation. There continued to be loss of lumbar range of motion with spasms and tenderness to palpation.

The requested CT myelogram was denied on 09/18/14 as there was no indication based on initial lumbar MRI findings for CT myelogram studies.

The request was denied on 10/20/14 as there was no indication for an invasive study versus an appropriately performed MRI study.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient has been followed for ongoing complaints of low back pain affecting the left lower extremity based on the most recent evaluations. There has been interval development of dorsa flexor weakness based on the most recent evaluation in October of 2014. The rationale for CT myelogram studies is for both preoperative planning and due to a poor MRI study performed after the date of injury. Per guideline recommendations, CT myelogram studies can be considered for surgical planning, especially in regards to evaluating the nerve roots to show whether surgical treatment is promising. It is also indicated with poor correlation of physical examination findings to MRI studies. Given that the patient has had MRI studies to date which are reported as of poor quality and the patient is actively being considered for possible surgical intervention, a CT myelogram study would be appropriate and medically necessary under guideline recommendations. MRI studies have poorly correlated with the patient's objective physical examination findings including a recent development of dorsa flexor weakness. CT myelogram studies would be indicated to evaluate the nerve roots at the suspected levels of pathology to determine whether surgery would be beneficial in this case given the failure of conservative treatment. Therefore, it is this reviewer's opinion that the requested lumbar myelogram with post CT is medically necessary and the prior denials are overturned.

**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)