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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Aug/07/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CT Myelogram Thoracic Spine

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

Board Certified Orthopedic Surgeon

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx when he slipped and fell injuring his low back. The patient initially reported constant pain radiating through the lower extremities. The patient was initially prescribed physical therapy and over the counter Tylenol. MRI of the lumbar spine from 02/06/14 noted a focal anterior endplate fracture at L4 with a small bone fragment adjacent to the L4 vertebral body endplate consistent with possible small evulsion fracture. There was mixed bone edema and modic type 2 endplate changes at L4 endplate. There was multilevel degenerative disc disease throughout the lumbar spine with a minimal amount of retrolisthesis at L2-3 and L2-3 L3-4 and L4-5. There was left sided neural foraminal stenosis at L4-5 and 1-2mm and a 1-3mm disc herniation at this level. Disc protrusions were also noted at L2-3 and L3-4 with evidence of neural foraminal stenosis. The patient reported limited benefit from physical therapy. The patient was seen on 02/21/14 with ongoing complaints of low back pain across the midline radiating through the right anterior thigh that worsened with activities. The patient denied any numbness and tingling in the lower extremities. On physical examination the patient had straight leg raise findings reproducing low back pain only. No neurological deficits were identified. Radiographs of the lumbar spine noted degenerative changes throughout. The patient was started on Medrol DosePak at this visit. The patient was also recommended to continue with physical therapy. Selective nerve root blocks were recommended at L2-3 and L3-4 in 03/14. Clinical record from 05/29/14 noted the patient had continuing complaints of pain in the lumbar midline radiating to the right anterior lateral thigh. The patient also described pain and tenderness to palpation in the lower thoracic spine and subjective weakness in the lower extremities worse

to the right side. Physical examination noted point tenderness at T9 at the facet areas. There was tenderness to palpation of the lumbar spine with positive straight leg raise to the right at 60 degrees. Motor weakness was noted to the right on hip flexion abduction and on knee flexion. Radiographs of the thoracic spine with AP and lateral views were ordered and CT myelogram of the thoracic spine and lumbar spine. The requested CT myelogram of the thoracic spine was denied by utilization review on 06/09/14 as there were no significant neurological deficits suggesting pathology in the contributing pathology in the thoracic spine to substantiate the requested study. The request was again denied by utilization review on 07/17/14 as there was no clear indications for thoracic spine CT myelogram when lumbar MRI previously performed noted conditions that had accounted for clinical presentation.

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

The patient was initially followed for complaints of low back pain following a slip and fall injury. Previous MRI of the lumbar spine noted compression fracture anteriorly at L4 with degenerative disc disease in the lumbar spine throughout. The patient did not present with any focal neurological deficits although he was assessed with lumbar radiculopathy. The patient most recently began reporting point tenderness in the thoracic spine centered at T9. Although AP and lateral radiographs of the thoracic spine were ordered in May of 2014 there was no documentation regarding independent plain film radiographs of the thoracic spine that were primarily non-diagnostic. There was no evidence on physical examination to support contributory pathology from the thoracic spine that would require CT myelogram at this time. There was also no clinical documentation establishing that MRI for the thoracic spine is contraindicated. Given the lack of any clinical indications for CT myelogram as outlined by current evidence based guidelines it is the opinion of this reviewer that medical necessity in this case has not been established. Therefore the prior denials are 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