



MedHealth Review, Inc.  
661 E. Main Street  
Suite 200-305  
Midlothian, TX 76065  
Ph 972-921-9094  
Fax (972) 827-3707

## Notice of Independent Review Decision

**DATE NOTICE SENT TO ALL PARTIES:** 1/28/14

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of a CT myelogram of the lumbar spine.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

### **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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a CT myelogram of the lumbar spine.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed: 12/30/13 denial letter, 12/26/13 letter, 9/11/12 to 12/17/13 office visit notes, MRI review report dated 10/16/13, 9/17/13 lumbar MRI report, 11/4/13 pain management report by pain management, and 1/16/12 operative report.

CT scan script (undated).

12/30/13 report, 12/24/13 denial letter, daily notes 3/7/12 to 5/31/12, 1/24/12 to 12/17/13 office visit notes, 11/6/12 peer review report, 10/16/13 med records review, and ODG guides for CT myelogram.

A copy of the ODG was provided by the Carrier/URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Clinical notes were reviewed per request. The mechanism of injury was noted as being that the xx-year-old was injured involving a twisting motion. Treatment has included a lumbar decompression and fusion on 1/16/12. Postoperative treatments have included medications, therapy and a back brace. A prior lumbar MRI was dated 9/17/13 and revealed postoperative changes with fusion at the L5-S1 level, along with (as per the AP) a “contained disc herniation...spinal stenosis”) mild foraminal narrowing and degenerative changes at L4-5 the latter two findings per the radiologist’s report.) As of 11/4/13, there was documented ongoing low back pain with weakness and numbness and tingling into the lower extremities. There was lumbar tenderness to the patient including at the facet joints. There was 1+ reflexes and decreased sensation in multiple dermatomes of the left leg. Straight leg raise was noted to be positive bilaterally. On 12/17/13, the findings were essentially reiterated. The claimant has been documented as having a so-called failed lumbar spine syndrome with ongoing spinal stenosis and adjacent segment disease. There was consideration for additional diagnostics, chronic pain management and surgical intervention. Denial letters included the lack of documented severe or progressive neurological deficits and the recent clinically corroborating MRI.

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

The claimant underwent a recent diagnostic MRI that appears to corroborate the clinical findings. The combination of subjective and objective neurological findings do not appear to have been severe and-or significantly progressive. At this time therefore, the referenced guidelines below do not support the request as being medically reasonable or necessary at this time.

**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:
- Claustrophobia
  - Technical issues, e.g., patient size
  - Safety reasons, e.g., pacemaker
  - Surgical hardware

Indications for imaging -- Computed tomography:

- Thoracic spine trauma: equivocal or positive plain films, no neurological deficit
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, infectious disease patient
- Evaluate pars defect not identified on plain x-rays
- Evaluate successful fusion if plain x-rays do not confirm fusion

**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)