

Health Decisions, Inc.
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Notice of Independent Review Decision

September 29, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CT myelogram, cervical spine

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

An American Board Certified Orthopaedic Surgeon with over 40 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

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 claimant is a male who was injured on the job and injured his back and neck. He has had 13 PT sessions, one month with a chiropractor, a cervical ESI and pain medicine with no sustained relief.

07-09-13: Medical Record Review. On 05-13-13, the claimant presented with a headache that he rates his pain 10/10. Upon examination, FROM is noted to the cervical spine. On 05-15-13, the claimant presented stating his symptoms were slowly improving. His pain was located on both sides of the posterior neck with headache 10/10. He was given Norco and Robaxin at ED. Physical exam revealed some cervical tenderness. Assessment: 1. Cervical strain, 2. Headache. Plan: PT, point of relief ointment, OTC Aleve and hot/cold packs. PT initial evaluation on 05-20-13 the claimant was diagnosed with cervical strain. The claimant's visit on 05-21-13 he denied any headaches, numbness, tingling or

weakness. Physical exam revealed cervical spine FROM and Spurling's test was negative. There were some spasms and tenderness to palpation over the trapezius muscles bilaterally, as well as with side bending of the neck. On 05-29-13, the claimant c/o daily headaches, neck pain with numbness and tingling in the left arm. The physical exam revealed cervical spine with restriction in ROM with flexion, spasms noted in the paraspinal and trapezius musculature. Plan: Refer to neurologist and begin Lodine. The claimant presented on 06-07-13 with c/o continuing pain in the neck with headaches and dizziness. The neck pain was worse when turning the head and moving the neck associated with some numbness and tingling in the LUE and hand. Upon examination, it was revealed tenderness of the cervical spine, painful ROM and flexion to the right. Assessment: Cervical Strain and headaches. Plan: MRI of the cervical spine. On 06-11-13 the claimant presented to the neurologist with c/o headaches (occipital and temporal) and neck pain. He also c/o episodes of losing train of thought and intermittent vertigo with nausea. The claimant stated he had cervical pain radiating to the shoulders and nocturnal numbness in his hands. Physical exam revealed no significant findings. EMG/NCV nerve study revealed: 1. Mild lower right cervical chronic radiculopathy with Dx of cervical root lesions. Plan: Cervical PT, Ultram, Valium and Zanaflex. On 06-12-13 physical exam revealed tenderness to the cervical spine and trapezius musculature with decreased ROM with extension and rotation to the right. There were some spasms noted in the trapezius and paraspinal musculature. Assessment: Cervical strain, unspecified neuralgia, neuritis and radiculitis. On 06-21-13 an MRI of the cervical spine report stated a moderate-sized left paracentral and foraminal disc protrusion at C5-6 which moderately narrows left lateral recess and foramen, mild posterior at C7-T1. Assessment: Cervical radiculopathy, cervical strain, cervical disc protrusion with foraminal encroachment. Plan: Refer to orthopedic spine specialist.

01-13-14: Office Visit Report. The claimant c/o persistent chronic neck pain with referred numbness down his right arm and pain referred into his left shoulder. Upon examination, the claimant has hesitant ROM of his neck and with neck extension he gets some parathesis going out his right arm. Neurologically there are absent deep tendon reflexes in the uppers with no focal motor deficit. Assessment: Chronic cervical radicular syndrome C5/6. Plan: The cervical MR study is somewhat suboptimal. To make a decision as to whether this pt. is a surgical candidate or not he needs a cervical myelogram and f/u CT and flexion/extension x-rays of the neck.

07-17-14: Follow-Up Visit Report. It is my opinion that the force of the broadsiding vehicular impact caused the present cervical disc herniation syndrome and the associated cervical radiculopathy likely coming from C5/6 level. The mechanism of injury is felt to be on the basis of a direct cervical whiplash and rotational injury causing a tear of the actual disc itself and hence causing it to rupture. Rupture of the disc when it impinges on exiting nerve is the cause of the neck and arm pain. The patient had no antecedent problem with regard to his neck prior to the impact of this force.

08-13-14: URA. Rationale: The request for a CT myelogram of the cervical spine is non-certified. The documentation indicates the patient complaining of cervical region pain. A CT myelogram is indicated for patients who have continued neurologic deficits following a full course of conservative therapy or there is a need for surgical planning. No information was submitted regarding the patient's significant neurologic deficits in the upper extremities. There is no indication the patient is being prepared for a surgical intervention. Additionally, it is unclear if the patient completed any conservative treatments as only 1 therapy note was submitted for review. Given these factors, the request is not indicated as medically necessary.

08-22-14: URA. Rationale: The request for CT myelogram of the cervical spine is not medically necessary. A previous request dated 08/12/14 was denied on the basis that there was no information submitted regarding the patient's significant neurological deficits of the bilateral upper extremities. There was no indication that the patient is being prepared for surgical intervention. There was no report of a new acute injury or exacerbation of previous symptoms. The one physical therapy note provided for review did not indicate the patient's progression/regression through previous conservative treatment. There were no additional significant "red flags" identified. A telephonic consultation was performed at 1:03 pm CST on 08/22/14. In the case discussion, he indicated that the operative surgeon had requested the CT myelogram indicating the MRI performed was of poor quality. He did not have definitive information as to the MRI. Lacking support for the CT myelogram as the MRI is normally considered sufficient. Given this, the request for CT myelogram of the cervical spine is not indicated as medically necessary.

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

The previous adverse determinations are upheld. The records did not document any significant neurological deficits. There was no recorded change in patient's neurological condition and no new records indicating the previous MRI was inadequate. The CT myelogram does not meet ODG guidelines. Therefore, the request for CT myelogram of the cervical spine is non-certified.

Per ODG:

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:
 - a. Claustrophobia

- b. Technical issues, e.g., patient size
- c. Safety reasons, e.g., pacemaker
- d. Surgical hardware

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)**