

CALIGRA MANAGEMENT, LLC  
1201 ELKFORD LANE  
JUSTIN, TX 76247  
817-726-3015 (phone)  
888-501-0299 (fax)

---

**May 19, 2015**

**IRO CASE #:**

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

CT scan lumbar spine

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

Pain Management Physician

**REVIEW OUTCOME:**

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

X Overturned            (Disagree)

Medical documentation supports 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 male who injured his lower back on xx/xx/xx, while lifting a barrel with a coworker.

On January 22, 2010, magnetic resonance imaging (MRI) of the lumbar spine showed status post left-sided laminectomy change at L2-L3. There was minimal slightly left paracentral anterior epidural and annular enhancement without recurrent protrusion. Moderate to marked disc degeneration at L4-L5 with diffuse posterior spondylosis which was most prominent on the left posterolaterally and left laterally. This was probable associated a small 3-mm broad-based posterocentral disc protrusion, which together with spondylosis mildly effaced the anterior thecal sac without displacement of the S1 root sleeves. No central stenosis. There was moderate left foraminal narrowing and to a mild extent on the right, mild disc degeneration at L1-L2 with posterocentral annular tear without focal protrusion, transitional vertebral body with partial sacralization of L5 with hypoplastic disc space at L5-S1.

On September 4, 2014, x-ray of the lumbar spine showed a previous fusion at L4-L5, mild disc space narrowing at L3-L4, more significant disc space narrowing at L5-S1 with no instability. X-rays of the thoracic spine showed mild degenerative disc disease (DJD) and satisfactory spinal cord stimulator (SCS) lead placement.

On October 2, 2014, the patient was seen in follow-up for lumbar post-laminectomy syndrome and noncompliance with medications. The patient had a laminectomy at L2-L3 in October 2009, lumbar fusion at L4-L5 in April 2010 and right knee surgery performed in June 2012. diagnosed lumbar post-laminectomy syndrome and long-term use of medications. He prescribed tramadol and Cymbalta.

On January 20, 2015, noted the patient was doing well overall. He reported increased daily activity with the current treatment regimen. Mobic was refilled. A random urine drug test was appropriate and consistent with the medications prescribed.

On March 24, 2015, a computerized tomography (CT) scan was ordered.

On April 16, 2015, the patient reported he was doing well on his current medication regimen. He did not wish to make any changes. Cymbalta and Mobic were refilled.

Per utilization review dated April 20, 2015, the request for a CT scan of the lumbar spine was denied with the following rationale: *"Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below. This request is not certified. The requested test is not recommended to detect herniated disc."*

Per a reconsideration review dated April 24, 2015, the request for a CT scan of the lumbar spine was denied with the following rationale: *"Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is non-certified. The patient's sensory change in the lower extremity is not a new finding. Moreover he states his pain is well-controlled on current medications and has even requested to follow-up every 6 months instead of 3 months."*

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

The patient has a history of a malfunctioning spinal cord stimulator (SCS), fusion L45 and laminectomy L23. Patient has a Medtronic SCS and according to the manufacturers specifications a MRI can cause heating of the leads. Thus, a MRI is contraindicated. The patient experienced increased low back pain, 9/10 on 04/16/2015. He had to increase pain medications due to increased pain. Further imaging is reasonable and medically necessary as the patient has not had a study since his surgery. A CT with CT reconstruction is adequate in the lumber spine if MRI is contraindicated. Thus, the test is certified.

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

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

**X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME  
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION) See Medtronic website.**