

Envoy Medical Systems, LP  
4500 Cumbria Lane  
Austin, TX 78727

PH: (512) 705-4647  
FAX: (512) 491-5145  
IRO Certificate #

**Notice of Independent Review Decision**

DATE OF REVIEW: 9/04/15

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

CT Myelogram of the lumbar spine with flexion/extension views; outpatient; CPT: 72265, 72132, 62284

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

Physician Board Certified in Physical Medicine & Pain Management

REVIEW OUTCOME

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

<b>Upheld</b>	<b>(Agree)</b>	<b><u>X</u></b>
Overtured	(Disagree)	
Partially Overtured	(Agree in part/Disagree in part)	

PATIENT CLINICAL HISTORY SUMMARY

Patient is a patient who was injured at work in xx/xxxx when he lifted a 55 gallon barrel of water and it fell (sic). On xxxx he had an MRI of the lumbar spine which showed mild multilevel lumbar disease with 3mm slightly left eccentric disc osteophyte complex and mild bilateral facet arthrosis with left moderate neural foraminal narrowing with the disc slightly contacting the exiting L4 nerve root. He had 5 weeks of physical therapy in xxx and 3 epidural steroid injections (left L4 TF ESI who also found him to have a foot drop). He was most recently seen on xxxxx, complaining of numbness and weakness in the left lower extremity. He was on Aleve, Methocarbamol, and Tylenol with codeine. Physical examination showed decreased sensation in the left lateral calf, positive Babinski's on the left, positive Hoffman's, hyperreflexia, and left anterior tibialis 4/5 strength. Impression was lower back pain with L4 radiculopathy. Recommendation was for CT myelogram of the lumbar spine with flexion extension although the note mentions possible cervical myelopathy. denial letter mentions that documented a need for MRI of the cervical spine or a cervical CT myelogram but the CT myelogram that was ordered was for the lumbar spine without any explanation as to why that was needed (why MRI was not sufficient).

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

**Opinion: I agree with the benefit company's decision to deny the requested service.**

Rationale: This review pertains to the need for CT myelography in this patient who has an existing MRI showing pathology at L4-5, which correlates with the patient's history and physical exam, as well as the EMG/NCS. The patient does not meet Official Disability Guidelines (ODG) criteria for a CT myelogram. There is no documentation as to why the lumbar MRI was not adequate and what additional information the CT myelogram would provide. There is no indication that there is instability and there is no pathology that correlates with his exam. There is documentation about the need for cervical imaging due to abnormal reflexes but this was not ordered.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL  
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH  
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

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

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES  
(PROVIDE DESCRIPTION)