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Notice of Independent Review Decision

Case Number:

Date of Notice: 04/20/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Family Medicine

Description of the service or services in dispute:

CT Myelogram

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)

Patient Clinical History (Summary)

The patient is a male who reported an injury on XX/XX/XX. The mechanism of injury occurred while moving quickly to avoid an 18 pound box from landing on top of him. His diagnoses include failed back surgery syndrome and hypertension. Past treatments were noted to include surgery, diagnostic studies, and injection. The patient underwent a bilateral L4-5 nerve block on XX/XX/XX. The patient underwent an L4-5 discectomy decompression with minimally evasive tube system on XX/XX/XX. The patient also underwent an arthrodesis anterior interbody technique at the L4-5, interbody cage, autograft, and bone marrow aspiration of the L4 on XX/XX/XX. The patient has undergone multiple diagnostic studies. An EMG/NCV performed on XX/XX/XX indicated the patient had radiculopathy at the left L5 and bilateral S1. A lumbar CT myelogram was performed on XX/XX/XX, which documented a disc protrusion at the L3-4, moderately effacing the thecal sac, causing mild spinal canal and moderate lateral recess stenosis; a disc protrusion at the L4-5 impinging upon the thecal sac and the left L5 nerve root resulting in nonopacification of the left L5 nerve root sheath and severe narrowing of the left lateral recess; and mild degenerative spondylosis from the L1-5. The most recent diagnostic study was dated XX/XX/XX, indicating the patient underwent a lumbosacral x-ray. The results noted status post discectomy, anterior interbody fusion, bilateral pedicle screws at the L4-5; there are no subtle bony fusions seen; mild degenerative spondylosis at the L1-4; mild degenerative facet joint hypertrophy from the L1-S1; and no significant changes in the appearance of the lumbar spine from XX/XX/XX. On XX/XX/XX, the patient complained of low back pain. The physical examination of the lumbar spine revealed intact sensation in the bilateral lower extremities and decreased reflexes at the left low extremity and normal in the right. The patient had tenderness of the L3-5 with taught tender fibers of the erector spine muscles. The patient was noted to have restricted range of motion with flexion and extension. The patient had a positive straight leg raise. Objective measurable values were not noted for range of motion. The treatment plan included a prescription for gabapentin, Nalfon, and request for lumbar myelogram with postmyelogram CT. On XX/XX/XX, the patient complained of low back pain. The patient reported there has been on change in his condition since last evaluation. It was noted the patient reported rest and medication helps alleviate his pain and discomfort. The physical examination of the lumbar spine revealed active range of motion was reduced due to pain and discomfort. There was tenderness to the

paraspinous musculature and spinous process at the L3-5. There was also tenderness over the bilateral SI joints. The patient had a positive Waddell's sign. The treatment plan included a request for a CT myelogram for the lumbar spine and followup office visit. The patient's prognosis was noted to be fair.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

According to the Official Disability Guidelines, CT myelograms of the lumbar spine may be recommended for patients with symptoms and documentation of cerebrospinal fluid leaks, surgical planning, for radiation therapy planning, for evaluation of the spinal or basal cisternal disease and infection, or due to poor correlation of physical findings with MRI studies. The patient was noted to be a XX-year-old male with a diagnosis of failed back surgery syndrome. The patient also underwent a previous CT myelogram on XX/XX/XX. The patient also had an updated lumbar x-ray performed on XX/XX/XX which noted no significant changes in the appearance of the lumbar spine since XXXX. However, there was lack of clinical documentation submitted for review indicating a rationale at the requested juncture. There was also lack of clinical documentation indicating the patient had clinical findings of cerebrospinal fluid leak, would be undergoing surgical or radiation therapy planning, or required evaluation for spinal basal or cisternal disease and infection. In addition, there was lack of clinical documentation indicating the patient would be undergoing surgical intervention. Based on the above, the request is not supported at this time. Therefore, the denial for a CT myelogram is upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☑ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☑ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)