



**MEDICAL EVALUATORS
OF T E X A S ASO, LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: February 01, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

62284, Injection procedure for myelo & or CAT Scan
72125, CAT Cervical Spine without contrast
72240, Myelography Cervical RS&I
62302, Myelography via lumbar Injection

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

This case was reviewed by a physician who holds a board certification in Orthopedic Surgery who is currently licensed and practicing in the state of Texas.

REVIEW OUTCOME

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

Upheld (Agree)

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on XX/XX/XX when she fell at work and subsequently hit the back of her head at the bathroom tub causing her to have concussion. She reported complaints of neck pain that was worse at night with radiating pain to the right arm down into the thumb. The pain wakes her up from sleep and prolonged physical activity makes her pain worse.

The claimant had CT of the head without contrast that revealed no acute bony abnormality. The MRI of the cervical spine without contrast revealed, "Surgical changes of anterior hardware fusion at C5-6 and C6-7. Removal of cervical lordosis centered at C6-7. Moderate facet hypertrophy at C3-4 on the right and C4-5 on the left with reactive marrow edema in the anterior process at C4-5, Mild hypertrophy at T1-2 on the right. Mild disc degeneration, no focal disc herniation or significant spinal stenosis. Moderate neural foraminal stenosis at C3-4 on the right and C4-5 on the left. Mild foraminal narrowing at T1-2 on the right."

EMG/NCS of upper extremities showed, "electrodiagnostic evidence supportive of chronic right C7 radiculopathy. Reinnervation motor unit potentials were identified exclusively on needle EMG, without evidence of active denervation. There are isolated findings that may indicate but provide no definite evidence of mild bilateral median sensory neuropathies at the wrist, as is seen in carpal tunnel syndrome (CTS), without conduction block or axon



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loss. There is no evidence of brachial plexopathy, focal radial or ulnar neuropathies in their elbow or wrist segments, upper limbs large fiber polyneuropathy, or myopathy.”

The claimant has been previously treated with physical therapy and medications including Lyrica, Norco, Lidoderm, Ibuprofen, Percocet, Mobic, Ultracet, Zanaflex, Celebrex, Medrol, Xanax tabs, Prozac. The claimant has had cervical fusion at C5-6 and C6-7.

A most recent follow up note indicates that result of MRI done on the claimant’s shoulder revealed a slight tear in the supraspinatus tendon, no full thickness tear was present, supraspinatus bursitis, but otherwise no significant findings. Examination revealed that she has some pain and tenderness over the shoulder. The pain, however, radiated into the right arm down to her thumb. XX suspected possible C5 or C6 nerve root problem and given her grip strength weakness and diffuse weakness in her right upper extremity, he recommended EMG and a CT myelogram of the cervical spine for further management.

A final adverse determination letter indicates that request for Cervical CT Myelogram with contrast is denied and not medically necessary. The previous noncertification was due to lack of substantial physical examination findings showing neurological deficits or weakness. Myelography is recommended for those who are contraindicated to MRI for reasons of hardware, technical issues, safety issues or claustrophobia. Repeat imaging will not be supported without substantial changes in the physical examination findings. On physical examination there were no findings documenting progressive neurological weakness to support repeat imaging. The request for reconsideration of a cervical CT myelogram with contrast is not medically necessary.

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

This claimant is a female with complaints of neck pain radiating into the right arm down into the thumb. The claimant had cervical fusion at C5-C7 on XX/XX/XX. The claimant’s treating provider recommended CT myelogram of the cervical spine because of weak grip strength and diffuse weakness in right upper extremity and due to suspicion of possible C5 or C6 nerve root problem.

According to the ODG, cervical CT Myelogram is recommended for those individuals who have contradiction to MRI because of claustrophobia, technical issues (e.g. patient size), safety reasons (e.g., pacemaker), and surgical hardware. The available records do not document that the claimant has contraindication to the MRI. Additionally, there is no documentation of detailed physical findings suggestive of worsening or progressive neurological deficits to support additional testing. The information submitted for review is not sufficient to overturn the previous denials.

Therefore, based on the ODG recommendations and criteria as well as the clinical documentation stated above, the request of cervical CT myelogram is not medically necessary and appropriate.



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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

Neck and Upper Back (Acute & Chronic) – Online version Myelography

Not recommended except for selected indications below, when MR imaging cannot be performed, or in addition to MRI. Myelography or CT-myelography may be useful for preoperative planning. (Bigos, 1999) (Colorado, 2001) Myelography and CT Myelography has largely been superseded by the development of high resolution CT and magnetic resonance imaging (MRI), but there remain the selected indications for these procedures, when MR imaging cannot be performed, or in addition to MRI. (Mukherji, 2009)

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

[wi]

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.