AccuReview

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[Date notice sent to all parties]: February 8, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 CT Myelogram of the Lumbar Spine with CT Intrathecal with Contrast between 1/7/2016 and 3/7/2016

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

This physician is Board Certified in Orthopaedic Surgeon with over 14 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 sustained an injury on XX/XX/XX when he was lifting tow bar arm to release X after X and he felt immediate pain in the lower back. As per notes, the claimant was diagnosed with herniated disc L4-S1 confirmed by discogram. He underwent surgery on XX/XX/XX.

XX/XX/XX: History and Physical. CC: claimant is attempting to manage his on-going flare-up of his lower back complaints. He reported to get flare ups periodically, and really why he is here is to try to put basically, the fire out because of this flare-up. XX requested conservative care or chiropractic care, which was helpful to him in the past. There are no new injuries reported. Pain is reported 3/10. HE reported his last impairment rating was at 13% with a 35 lb weight restriction with 60 lbs for occasional lift. He is complaining of upper lumbar and pelvic pain and anterior thigh pain. PE: Lumbar ROM are limited in flexion. Extension is rather painful over the LS junction. Lateral bending creates pain to each side, but is within normal limits. Kemp's test is positive on both sides across the LS junction. There is pain on palpation of the facet articulations at L3-4 as well as 2-3. The Sis are tender to palpation as well. There is a positive Gillet's on the right. Patrick's maneuver was positive on the right. Impression: There is some facet involvement above the surgical site, and he also seemed to have some sacroiliac joint involvement on the right. Certainly, the SI joint and potentially the facets above the surgical site might lend themselves to conservative management and manipulative care. Recommending HEP with stretched and institute a trail next week.

XX/XX/XX: Follow-up Progress Note. Claimant complained of increased pain in the right SI and right hip area, even more so then when he was initially seen. We went ahead and just put some interferential on him to temper it for now. We are still waiting for authorization to treat.

XX/XX/XX: Follow-up Progress Note. Claimant stated he was feeling better. The hip pain is under control and feels that he has some aching in the central low back moving upwards. HE reported he did get substantial improvement from the first visit, reported inferential helped a lot. Objectively neuro intact. Noted tenderness over the right SI joint in the piriformis, still with evidence of SI dysfunction via Gillette's and Yeomane. Impression: Claimant improved with care. Recommend a few more treatments and discharge. Treatment: consisted of the interferential with manipulation, tolerated well and will return as needed.

XX/XX/XX: Follow-up Progress Note. Claimant reported feeling better yet still having some right leg symptoms, however, he did get about 50% relief from the treatment so far. He does, however, have flare-ups as he tried to get on the table to lie on his stomach. We have to tweak the table a certain way, putting the machine on him near the hip also aggravates the hip some. Was able to calm him down with a little myofascial release and mobilization. He is still having a lot of pain over the right SI and positive nerve tension sign on the right. Clinical impressions at this point, uncertain why he is having flare-ups. Will return tomorrow for more treatment.

XX/XX/XX: Follow-up. Claimant presented for medication refill. He is surrently taking Celebrex 200mg and Ultracet 37.5mg. The claimant requires no bending, twisting, or reaching in his current position and has approximately 4-5 years of work before retiring. On examination, he has a 2-level fusion and maintains lumbar lordosis. Extension is less than 5 degrees and lateral bending is zero. Nonspecific sensitivity to palpation in the paraspinal musculature. Obviously, healed surgical incision for 2-level fusion. Seated SLR active and passive 90 degrees.

XX/XX/XX: Office Visit. CC: medication refill. Assessment: tenderness to palpation of the lower lumbar paraspinal musculature, palpable muscle tension of bilateral lower paraspinals. Plan: Postlaminectomy syndrome, chronic low back pain. Prescribed Tramadol 50mg. Problems added in today's visit: Degen lumbar/lumbosacral intervertebral disc 722.52, low back pain 724.2, postlaminectomy syndrome lumbar 722.83, segmental dysfunction-lumbar 739.3, hypertension 401.9.

XX/XX/XX: Office Visit. CC: back pain and bilateral thigh pain. Assessment: tenderness to palpation of the lower lumbar paraspinal musculature, palpable muscle tension of bilateral lower paraspinals. Three-view x-ray: Interbody is noted at L4-5 and L5-S1. HE has decreased disc height at L3-4, L2-3 and L1-2. Arthritic spurs throughout the lumbar spine. Retrolisthesis of L1 and 2, and L2 and the re. Lateral listhesis of L3-4. No fractures noted. Plan for today: History of L4-5 and L5-S1 fusion, dr. Blumenthal. Lumbar spondylosis without myelopathy. Degenerative disc disease of lumbar spine. Spondylolisthesis of the lumbar spine. PPM implants. Ultram ER-continue without due to grogginess, Tramadol continue daily usage, may continue to work as tolerated at this point, CT myelogram of the lumbar spine-claimant cannot have an MRI due to permanent pacemaker implantation. Further imaging and claimant with history of L4-5 and L5-S1 fusion with exacerbation of worsening low back pain greater than 2 weeks with radiation into bilateral lower extremities. Follow up after CT myelogram. Problems added in today's visit: Degen lumbar/lumbosacral intervertebral disc 722.52, low back pain 724.2, postlaminectomy syndrome lumbar 722.83, segmental dysfunction-lumbar 739.3, hypertension 401.9. Orders: L spine AP/FLEX/EXT 72100, myelogram: lumbar spine with CT intrathecal with contrast CT myelogram.

XX/XX/XX: UR. Reason for denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. While the claimant had retrolisthesis of L1 on L2, he had no physical exam findings of neurologic issues to warrant CT myelogram at this time.

XX/XX/XX: Office Visit. CC: change in pain. CT was denied as medical information submitted for review does not indicate any presence of red flags or severe progressive neurogenic deficits to warrant it. In XX, the claimant had presented with an exacerbation of low back and bilateral lower extremity pain. That has significantly decreased. Now with R AL thigh pain distally and just proximal to the right knee with knee pain. Severe times 1-1/2 weeks. Pain at worst when at rest, especially in bed. This keeps him from sleeping and awakens him throughout the night. Heat minimally decreases the pain. Mild improvement with activity. He has seen his PCP who prescribed a muscle relaxant, possibly tizanadine, yet does not use it due to how it makes him feel. He continues working 6 days a week despite the pain. PE: tenderness to light touch of the right proximal anterolateral thigh and shin. Plan: continue to work as

tolerated, continue Tramadol, CT myelogram of the lumbar spine- claimant cannot have MRI due to permanent pacemaker implantation. Again requested CT myelogram of the lumbar spine and the claimant now has progressive pain of the right lower extremity with tenderness to light touch in this region. Discontinue muscle relaxants.

XX/XX/XX: UR. Reason for denial: Based on the clinical information submitted for this review and using the evidence-based peer-reviewed guidelines referenced below, the request is non-certified. The clinical information submitted for review did not have documentation of lumbar spine trauma with neurological deficits, traumatic myelopathy with neurological deficits and an x-ray confirmed successful fusion.

XX/XX/XX: UR. Reason for denial: Based on the clinical information submitted for this review and using the evidence-based peer-reviewed guidelines referenced below, the request is non-certified.
There are no radicular symptoms or abnormal neurological findings on physical examination.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
Previous adverse determinations are agreed upon/upheld. The Official Disability Guidelines (ODG) supports CT myelography for surgical planning, especially when there is potential nerve root compression. CT myelogram is recommended in patients with pacemakers who cannot safely complete a MRI. This claimant is currently complaining of lower back pain following a L4-S1 posterior fusion performed in XXXX. He also has lower extremity pain. His radiographs demonstrate adjacent segment degeneration, without any problems at level of the lower lumbar fusion. A CT myelogram has been requested instead of a MRI because the patient has a pacemaker. However, there is no documentation of any neurologic deficits on examination, which would correlate with neural compression or his lower extremity complaints. There is no surgery planned to address potential nerve compression. This claimant does not meet criteria for a CT myelogram. CT myelogram is not medically necessary for this claimant. Therefore, after reviewing the medical records and documentation provided, the request for 1 CT Myelogram of the Lumbar Spine with CT Intrathecal with Contrast between XX/XX/XX and 3XX/XX/XX is denied.

Per ODG:

Myelography	Not recommended except for selected indications below, when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. (Slebus, 1988) (Bigos, 1999) (ACR, 2000) (Airaksinen, 2006) (Chou, 2007) Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. (Seidenwurm, 2000) Myelography and CT Myelography have largely been superseded by the development of high resolution CT and magnetic resonance imaging (MRI), but there remain the selected indications below 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

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)**