

Applied Assessments LLC

An Independent Review Organization

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Notice of Independent Review Decision

Review Outcome:

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

Orthopedic Surgery

Description of the service or services in dispute:

1 CT myelogram of the lumbar spine

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)

This patient is a male who was taken to surgery on 09/13/13, and procedure performed was an L4-5 and L5-S1 posterior fusion and anterior fusion of the lumbar spine. On 02/17/14, a CT of the lumbar spine was obtained revealing a fusion at L4-5 and L5-S1 levels in good condition, a disc osteophyte on the left at L1-2, no evidence of central spinal stenosis and no evidence of spondylolisthesis or spondylosis. On 01/19/15, the patient returned to clinic with complaints of low back pain. He had an antalgic gait and motor strength in the lower extremities on the left was 5/5, and reflexes in the lower extremities were 2+ and no clonus was noted. Right lower extremity strength was rated at 5/5, sensation was preserved, and reflexes were 2+. An EMG dated 11/10/14 documented left sided S1 radiculopathy. A CT myelogram and flexion and extension x-rays were recommended at that time.

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

On 02/12/15, a utilization review determination stated the request for a CT myelogram of the lumbar spine was not certified and it was noted although the patient had evidence of progressive neurological weakness and L1-2 disc collapse and disruption, the previous CT scan of the lumbar spine identified pathology at the L1-2 level that explained the current complaints. Therefore the medical necessity for a 2nd CT myelogram was not documented and the request was non-certified. On 02/25/15, a utilization review determination stated that the requested CT myelogram of the lumbar spine was not medically necessary as there were no additional significant red flags identified that would warrant a repeat study.

Guidelines indicate that a myelogram may be considered reasonable for surgical planning, or if there is poor correlation of physical findings with the MRI or the use of an MRI is precluded due to technical issues, safety issues, surgical hardware, or claustrophobia. The records do not indicate any of those conditions exist at this time, and therefore it is the opinion of this reviewer that the request for a CT myelogram of the lumbar spine is not medically necessary and the previous denials are 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)