

Applied Assessments LLC
Notice of Independent Review Decision

Case Number: XX

Date of Notice: 3/20/2018 12:35:48 PM CST

Applied Assessments LLC

An Independent Review Organization

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IRO REVIEWER REPORT

Date: 3/20/2018 12:35:48 PM CST

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: CT Myelogram--Lumbar Spine

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

REVIEW OUTCOME:

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

- | | |
|--|--------------------------------|
| <input checked="" type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input type="checkbox"/> Upheld | Agree |

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PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a XX with history of an occupational claim from XXXX. The mechanism of injury was not detailed in the documentation provided for review. The clinical note from XXXX notes that the patient presented for complaints of low back pain. Pain was a 7/10. The patient symptoms included weakness, stiffness, limited range of motion and stability. There is pain with numbness radiating and tingling. The pain was moderate. The patient has previously trialed surgery, physical therapy, anti-inflammatories, steroid injection, and facet injections. The patient had prior MRI studies and prior surgery. On examination, the patient had pain with range of motion. There was lumbar tenderness, tenderness to lumbar paraspinals on the right and tenderness to lumbar paraspinals on the left. There was an antalgic gait. Strength is 4/5 to the quads, anterior tibialis, EHL, gastrocsoleus. Sensation was decreased at the L4, L5 and S1. There was a positive straight leg raise. On the left lower extremity, there was 4/5 strength anterior tibialis. The patient was to undergo CT myelogram of the lumbar spine to rule out segmental lumbar instability.

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

The official disability guidelines note that myelography is recommended for demonstration of the site of cerebrospinal fluid leak, surgical planning for radiation therapy planning, for diagnostic evaluation of spinal basal cisternal disease and infection involving the bony spine. Myelography may be indicated if there is poor correlation of physical findings with MRI studies. The documentation indicates that the patient's condition continues to decrease. An MRI does not clearly define nerve compression at multiple levels. The patient has exhausted conservative care and has continued symptoms on examination.

Therefore, the CT myelogram–lumbar spine is medically necessary and the prior determination is overturned.

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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
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low back, Myelogram ODG Criteria for Myelography and CT Myelography: