

Envoy Medical Systems, LP
1726 Cricket Hollow Drive
Austin, TX 78758

PH: (512) 705-4647
FAX: (512) 491-5145
IRO Certificate #XX

DATE OF REVIEW: 1/31/18

IRO CASE NO. XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical Myelogram, 72240, with Post CT Scan with Contrast, 72126; Thoracic Myelogram, 72255, with Post CT Scan with Contrast

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

Physician Board Certified in Neurosurgery

REVIEW OUTCOME

Upheld (Agree)

Overtaken (Disagree) X

Partially Overtaken (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

Patient took a XXXX right shoulder and back. XX complaints were pain in the mid to upper thoracic region and right shoulder. XX also has pain and numbness in the right forearm. XX has had physical therapy and injections. XX had an open MRI scan of the cervical spine which reports a left sub-articular disc protrusion at C7-T1, disc bulge at C4-5 with some left foraminal narrowing. The same MRI scan of the thoracic spine showed a central disc protrusion at T8-9. Due to the relative uninterpretability of the MRI scan, a CT myelogram of the cervical and thoracic spine was requested.

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

Opinion: I disagree with the benefit company's decision to deny the requested service.

Rationale: According to the ODG criteria for CT myelogram, #5 clearly states that a myelogram is indicated for poor correlation of physical findings with MRI studies. The patient has pain and numbness radiating down the right arm. The presence of numbness would indicate some sort of nerve component impairment. The open MRI scan is of poor quality and difficult to interpret in the best of circumstances. It also does not show anything obvious on the right and the dermatomal distribution of his symptoms; therefore, there is poor correlation of the physical findings with the MRI studies and, thus, the CT myelogram is clearly indicated, which is also true for the thoracic spine, as well.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE
WITH ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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
DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)