

IRO Reviewer Report

DATE OF REVIEW: 03/31/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Discogram (62290, 72295)

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

Board certified orthopedic surgeon on the TDI-WC approved doctor's list that is familiar with the treatment or proposed treatment.

REVIEW OUTCOME

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the Lumbar Discogram (62290, 72295) is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Information provided by the treating physician:

- Office clinic notes from Dr. 10/01/04 to 01/29/07

- Pre-operative History and Physical for Hospital by Dr. 08/20/04, 07/12/04, 04/21/04
- Operative report for lumbar discograms – 08/05/04
- Operative report for epidural steroid injections and epidurogram – 06/25/04
- Report of MRI of the lumbar spine – 04/09/04
- Report of post-discogram CT scan of the lumbar spine – 08/05/04
- Report of lumbar discography – 08/05/04
- X-rays of the lumbar spine – 06/25/04

Information provided by the respondent:

- Carrier's statement with respect to the dispute
- Report of consultative examination and impairment rating 12/11/03
- Operative report for lumbar discograms – 08/05/04
- Report of lumbar discography – 08/05/04
- Report of post-discogram CT scan of the lumbar spine – 08/05/04
- Report of MRI of the lumbar spine – 08/31/06
- Office clinic notes from Dr. 10/18/06 & 01/20/07
- Carrier decision letter 01/24/07 & 02/14/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury as a result of moving a desk when it fell over to the right side hitting his knee and landed on his right foot. He jerked backwards causing injury to his lower back as well as his right knee. The patient has been treated with epidural steroid injections as well a participation in a work hardening program.

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

Discogram is a controversial procedure. It has no direct therapeutic value. It has limited diagnostic value and recent studies have brought into question any predictive value. Discograms do not predict success of fusion procedures in the achievement of fusion. The only value that remains controversial is the potential to predict pain generator levels when patients are facing lumbar fusion, in hopes of including all levels in fusion mass that are contributing to symptom production. It is not clear that this patient is a candidate for a multi-level spinal fusion. Even the least controversial value of a discogram is not indicated. The medical record documentation does not substantiate the necessity for performing a discogram under the present circumstances.

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)**