



PROFESSIONAL ASSOCIATES

DATE OF REVIEW: 04/02/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Discogram with marcaine challenge and a CT scan at L2-L3, L3-L4, L4-L5, and L5-S1

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

Board Certified in Orthopedic Surgery

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Designated Doctor Evaluations with M.D. dated 07/26/02 and 12/07/04
A letter from D.C. dated 08/14/02
Letters from Dr. dated 10/23/02 and 11/01/04

A letter from M.D. dated 01/27/03
A letter from M.D. dated 01/31/03
An operative report from M.D. dated 12/29/03
A letter from Dr. dated 01/06/04
A letter from M.D. dated 04/02/04
An impairment note from Dr. dated 04/29/04
An operative report from M.D. dated 06/27/04
Evaluations with Dr. and M.D. dated 09/10/04, 10/08/04, 01/14/05, 02/18/05, 03/11/05, and 04/15/05
Evaluations with M.D. dated 10/08/04 and 01/14/05
CT scans of the cervical and lumbar spine interpreted by M.D. dated 11/19/04
Evaluations with M.D. dated 12/09/04, 03/29/05, 05/20/05, 07/19/05, 09/13/05, 11/08/05, 01/04/06, 02/03/06, 03/03/06, 04/07/06, 05/02/06, 06/02/06, 07/03/06, 08/07/06, 10/06/06, 12/05/06, and 02/09/07
Procedure reports from Dr. dated 01/05/05 and 05/11/05
Evaluations with M.D. dated 02/01/05, 03/29/05, 04/26/05, 06/21/05, 07/19/05, 09/13/05, 11/08/05, 01/10/06, 03/07/06, 04/04/06, 07/18/06, 09/19/06, and 11/21/06
An EMG/NCV study interpreted by M.D. dated 03/22/05
A letter from Dr. dated 04/11/05
X-rays and an MRI of the lumbar spine interpreted by Dr. dated 07/05/05
X-rays of the cervical spine interpreted by M.D. dated 07/18/06
Letters of non-certification from R.N. dated 01/09/07 and 02/13/07
A Designated Doctor Evaluation from M.D. dated 02/23/07
A Required Medical Evaluation (RME) from M.D. dated 03/08/07

PATIENT CLINICAL HISTORY [SUMMARY]:

On 07/26/02, Dr. placed the patient at Maximum Medical Improvement (MMI) with a 10% whole person impairment rating. On 01/27/03, Dr. felt the patient was not at MMI since surgery was pending. On 01/31/03, Dr. ordered a CT myelogram. Cervical spine surgery was performed by Dr. on 12/29/03. On 04/29/04, Dr. felt the patient had a 40% whole person impairment rating. CT scans of the cervical and lumbar spine interpreted by Dr. on 11/19/04 revealed degenerative changes of the lumbar spine and surgical changes in the cervical spine. On 12/07/04, Dr. stated the patient

was at statutory MMI as of 11/13/03, but the impairment rating was unchanged at 10%. A right SI injection and right facet joint injections were performed by Dr. on 01/05/05. On 02/01/05, Dr. requested removal of the surgical hardware and an MRI of the lumbar spine. An EMG/NCV study interpreted by Dr. on 03/22/05 revealed a denervation process over the left C6 nerve and reinnervation process over the left C8-T1 nerves. On 03/29/05, Dr. requested a cervical collar and continued antibiotics. On 04/15/05, Dr. prescribed a back brace. On 05/11/05, Dr. performed lumbar facet joint injections and a left SI joint injection. An MRI of the lumbar spine interpreted by Dr. on 07/05/05 revealed degenerative changes in the spine and facet joints. On 09/13/05, Dr. recommended a lumbar discogram and pain management program. On 03/03/06, Dr. also requested the discogram. On 07/18/06 and 11/21/06, Dr. again requested a lumbar discogram. On 01/09/07 and 02/13/07, Ms. wrote letters of non-authorization for the discogram. On 02/23/07, Dr. placed the patient at MMI with a 5% whole person impairment rating.

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

The research performed would indicate that an individual with this type of chronic pain complaints and a lack of objective physical findings is not likely to benefit from a discogram or from surgical treatment directed by the discogram. There are no objective physical findings that this individual is a candidate for either IDET or fusion. Discography in patients with emotional and chronic pain problems has a significant false/positive rate. In my opinion as a board certified orthopedic surgeon, the requested discogram with marcaine challenge and CT scan at L2-L3, L3-L4, L4-L5, and L5-S1 are neither reasonable nor necessary on the basis of the initial injury.

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 AND KNOWLEDGE BASE

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)**

Research performed at Eugene Caragee