

P-IRO Inc.

An Independent Review Organization

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DATE OF REVIEW:

AUGUST 27, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Discography, lumbar, radiological supervision and interpretation

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

Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

MRI cervical spine, 01/14/2005

MRI cervical spine, 02/14/06

RME, 07/17/06

Office notes, 09/07/06, 11/01/06, 12/28/06, 02/08/07

Cervical spine/ ROM studies, 01/23/07

X-ray cervical spine flex./ ext, 02/05/07

Office notes, 05/10/07, 06/28/07

Peer Review, 05/29/07

Lower ext EMG, 06/14/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This female claimant had neck, shoulder and low back complaints after an injury reported and has been diagnosed with markedly degenerative L5- S1 disc with herniation and lumbar disc herniation L2-3 and L5- S1 with deterioration of the motion segments. The claimant underwent a two level cervical fusion; the exact date of surgery was not provided. On a 09/07/06 physician visit, the claimant was noted to have

continued low back and leg pain and on 02/08/07, the claimant was noted to have numbness in both arms and legs.

A spine evaluation was performed on 05/10/07. The claimant reported ongoing pain in the lower back. A review of the lumbar MRI done in February 2006 showed broad based disc protrusions at L2-3 and L4-5. An examination of the lumbar spine revealed loss of sensation over the L5 and S1 dermatomal areas on the right. The claimant reported some diminished sensation of the dorsum of the left foot. X-rays taken on this visit showed dextroscoliosis in the lumbar spine with near complete collapse of the disc space at L5 on S1. There was also collapse of disc space at L2-3. Surgical intervention was recommended with an EMG prior to surgery.

An EMG of the lower extremity was done on 06/14/07 which showed chronic L5-S1 radiculopathy. A peer review followed on 05/29/07 that denied the proposed surgery and suggested a provocative discography to establish that one or both lumbar levels were symptomatic. According to the records, the treating physician noted that the claimant was known to have deterioration of the L2-3 and L5- S1 discs and advised discography.

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

Discography for this claimant would appear to follow ODG guidelines for the procedure though discography is not generally indicated as a pre operative indication for fusion.

The claimant has MRI evidence of a retrolisthesis of L5 on S1 suggestive of instability. It also shows focal disc herniation at L2-3. An EMG confirms an L5-S1 radiculopathy. The claimant has back pain of at least 3 months duration. The claimant has been treated with conservative measures without relief. The claimant would appear to be a candidate for surgery given the L5-S1 changes with instability at that level and a radiculopathy by electrodiagnostic studies. It is not clear that the claimant requires anything more than a decompression at the L2-3 level. Dr., the treating physician, has suggested some collapse at the disc space at L2-3. If the discogram showed concordant pain at L2-3 and L5-S1 with a normal control level, this could suggest a potential need for fusion at those levels. It is doubtful, however, that the claimant would have a concordant discogram at L2-3 given the noted pathology at L5-S1 which is more likely causing the claimant's discomfort. The claimant would appear to fulfill the appropriate ODG guidelines for a discogram based on the information provided to me.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low Back :
Discography

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)