

MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 6, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Multi-level discography

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

MD, Board Certified in Neurosurgery

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

1. Texas department of Insurance folder including previous review determinations and examinations.
2. Medical review containing a packet of information that includes the previous review determination as well as office notes from Orthopedics and Sports Medicine all of which are physical therapy medical notes. In addition an MRI scan of the lumbar spine dated 06/05/06 showing moderate to severe disc flattening

- at L5 as well as a borderline grade I spondylolisthesis as well as severe right L5 neuroforaminal narrowing secondary to a right foraminal disc protrusion. It also shows borderline central stenosis at L2.
3. Orthopedics and Sports Medicine folder describing multiple injections to the back including caudle and lumbar epidural catheterizations on 8/3/06, lumbar epidural injections on 1/15/07, auto catheter injection on 12/11/06, right L5/S1 transforaminal ESI on 11/03/06, auto catheter ESI to the right at L5 and S1 on 8/30/06, lumbar facet injection on 1/15/07, levels right L3, L4 and L5, EMG of the bilateral lower extremities dated 6/26/06 revealing a negative electrodiagnostic exam, as well as the previous MRI reports.
 4. Clinical notes from Dr. dated 5/17/06.
 5. Multiple notes from Dr. through 02/01/07.
 6. In addition, there are multiple incomplete physical therapy progress notes in this packet.

PATIENT CLINICAL HISTORY [SUMMARY]:

This gentleman was injured in which he slipped and fell on a greasy concrete floor. He described pain in his hips and numbness in his right lumbar area and weakness in his lower back. His pain was aggravated by sitting and changing positions, standing and walking. It was relieved with lying on his right side with pillows between his legs. He was felt to have some radicular and myofascial pain. He had x-rays done that showed an old bilateral L5 pars defect and spondylolisthesis and was given physical therapy, flexion biased and work restrictions. In reviewing his progress notes of his physical therapy, he made very little progress with few goals being met. Ultimately he started seeing Dr. and had multiple procedures involving epidural injections as well as facet joint injections with little improvement. Unfortunately, the clinical information provided ends on 2/1/07 with an office note by Dr.. At this point the patient is complaining of more pain and that the Lortab 5 mg tablets are only improving his pain by 40%. He was currently working at light duty. His Lortab was increased and so was his Lyrica for nerve pain and it was recommended that the patient be referred to the spine specialist, Dr. for further treatment.

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

Unfortunately, little clinical information is provided. This does not appear to be the fault of the physician's involved but the records have not been forwarded. The previous reviewer's denial and the rationale for these denials have been reviewed in detail. There are specific

indications for discography and in quoting from the *North American Spine Society's* recommendations for treatment of back pain in contemporary concepts, "most of the current literature supports the use of discography in selective situations". Those situations include further examination of demonstrably abnormal discs in this gentleman. He has two levels of that, both at L2 and at L5. Further indication for discography includes patients with persistent severe symptoms and whom other diagnostic tests have failed to reveal clear confirmation of the suspected disc as the source of pain. This gentleman has obvious pathology of his lumbosacral disc space. He has been described consistently by the reviewers and the physician's who have treated him as having an L5 radiculopathy accounting for his right leg pain. He is noted to have severe L5 foraminal stenosis.

For two reasons this procedure should be declined. The first is simply a procedural issue and that the medical records from the reviewing physician are not available. The second condition is that this gentleman has already been diagnosed as having an L5 radiculopathy clinically and his imaging studies currently show L5 root compromise. The question of diagnosis is not in doubt. Cite the *North American Spine Society's* recommendation for discography and treatment of low back pain as a source.

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 - REFERENCED**
- 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**
** North American Spine Society*
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**