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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:

Discogram/CT C3-4, C4-5, C5-6, C6-7 (CPT code #72285).

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

Diplomate, American Board of Orthopaedic 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier/URA include:

- Law Offices November 30, 2007
- D.O., 12/11/06, 12/20/06, 12/22/06, 02/01/07, 02/08/07, 02/27/07, 03/28/07, 04/11/07, 04/16/07, 05/11/07, 05/12/07, 06/04/07, 06/11/07, 06/18/07, 07/02/07, 07/16/07, 07/19/07, 08/15/07, 09/05/07, 09/14/07, 09/28/07

- Open Imaging 12/27/06
- Clinic, 12/22/06, 12/27/06, 12/29/06, 01/03/07, 01/05/07, 01/08/07, 01/17/07, 01/19/07, 01/22/07, 01/24/07, 01/26/07, 01/29/07, 01/31/07, 02/02/07, 02/07/07, 02/12/07, 02/14/07, 02/19/07, 02/26/07, 02/28/07, 03/2/07, 03/05/07, 03/07/07, 03/12/07, 03/14/07, 03/25/07, 03/28/07, 04/04/07, 04/11/07, 04/16/07
- CAN ClaimPlus, Inc., 01/03/07
- Spine Associates, 02/09/07, 04/25/07, 08/08/07
- Regional Medical Center, 04/23/07, 04/25/07
- M.D., 05/16/07
- M.D., 06/06/07, 06/11/07
- Back Institute, M.D., 07/03/07, 08/21/07, 08/27/07, 08/31/07, 09/13/07
- D.O., M.D., 09/22/07, 10/23/07
- Official Disability Guidelines, 2007

PATIENT CLINICAL HISTORY:

The records indicate that the treating physician has recommended a CT discography for this patient. The CT discogram has been deemed not reasonable and necessary by D.O. This was based upon ODG guidelines. A review was also performed by M.D. It was also his opinion that the CT discogram was not recommended.

I have reviewed medical records in this case. Dr. has requested certification for discography/CT from C3 to C7. The records indicate that the patient sustained an on the job injury working as a . She was on a ladder and bumped her head on a conduit. A cervical strain was initially diagnosed. An MRI was obtained of the thoracic spine and was normal.

An MRI was performed on the cervical spine on December 18, 2006, disclosing spinal stenosis at multiple levels. Conservative measures ensued.

A number of epidural injections were performed. The epidural injections did not improve her condition.

The patient was then evaluated by a designated doctor and found to have not reached maximum medical improvement. It is noted that the patient was a smoker and surgery was found to be not indicated. Physical therapy was prescribed.

Dr. then evaluated the patient. This was the patient's first visit with her. He recounted the same history. He noted that she was taking between three and ten Hydrocodone per day, and noted complaints of axial neck pain. She occasionally noted numbness and tingling in the right hand in a non-anatomic distribution. He reviewed flexion/extension x-rays noting multilevel

spondylosis. He reviewed the MRI report indicating moderate neuroforaminal narrowing at multiple levels. Dr. recommended a cervical discography.

Electrodiagnostics were then performed on August 31, 2007 disclosing right ulnar neuropathy at the elbow, however, no evidence of radiculopathy. Surgery was subsequently suggested.

I have also reviewed a denial letter giving the information from the previously noted peer reviewers.

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

It is my opinion that a cervical discography and CT is not medically indicated and is not supported by ODG guidelines. The ODG guidelines are clear in that a cervical discography is not recommended. The patient appears to have multilevel degenerative disc disease, and is a smoker, and does not appear to be a candidate for surgery. A cervical discography is, therefore, not recommended. A CT scan is also not recommended, as there are no findings that are not explained by the clinical examination and MRI.

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

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- 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)**