

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 02/28/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Four level discogram (62290 X 4), discography (72295 x 4), and (01992) Mac anesthesia, and J codes

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

An MRI of the lumbar spine interpreted by M.D. dated 12/29/04
An evaluation with an unknown provider (the signature was illegible) dated 01/04/05

A Functional Capacity Evaluation (FCE) with (no credentials were listed) dated 01/24/05

An evaluation with M.D. dated 01/24/05

An evaluation with M.D. dated 01/04/07

Letters of non-authorization from dated 01/10/07 and 01/26/07

A letter of reconsideration from dated 01/22/07

A Medical Dispute Resolution from dated 01/30/07

PATIENT CLINICAL HISTORY [SUMMARY]:

An MRI of the lumbar spine interpreted by on 12/29/04 revealed minimal degenerative changes at L3-L4. An FCE with on 01/24/05 revealed the claimant functioned in a low medium to medium level. On 01/24/05, felt the claimant was not at Maximum Medical Improvement (MMI), should have further treatment with a pain specialist, and should return to work with restrictions. On 01/04/07, recommended a lumbar discogram. On 01/10/07 and 01/26/07, wrote letters of non-authorization for the lumbar discogram. On 01/22/07, wrote a letter of reconsideration for the discogram. On 01/30/07, wrote a medical dispute resolution for the discogram.

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

The request is for a four level discogram, in preparation for an antiradical procedure at L3-L4. I do not believe this procedure is medically reasonable or necessary in regard to this individual's compensable injury. There is a great deal of conflicting data as to the usefulness of discography, but discography is used not as a screening test, but as a test to distinguish between surgical and nonsurgical levels. This individual is not being considered for any reasonable surgical procedures. Antiradical procedures, especially in the higher lumbar spine, are not associated with good prognosis. In my opinion, the medical documentation provided does not support the request to proceed with multilevel discography.

The accumulative work of M.D., is useful in determining the appropriateness of discography. made the objection that work was based on psychologically abnormal people, but this was just one of many studies that provided. did perform a study

on psychologically normal individuals, who met the classic criteria for discography. He demonstrated in that study that it is a vanishingly small population whose results can be predicted by discography, when applied to the workers' compensation population. Therefore, in my opinion as a board certified orthopedic surgeon, I do not believe that this study is medically reasonable or necessary. Therefore, the four level discogram (62290 X 4), discography (72295 x 4), and (01992) Mac anesthesia, and J codes are not reasonable or necessary.

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
- X 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

**X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)**

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

Criteria used: The accumulative work of Eugene Caragee, M.D., regarding the appropriateness of discography.