



REVIEWER'S REPORT

DATE OF REVIEW: 07/12/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L3/L4, L4/L5, and L5/S1 lumbar discogram with CT scan

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Duly licensed physician in the State of Texas, D.O., fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, DWC Approved Doctor List Level II, with twenty years of clinical experience

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

Medical records from Dr., Dr., and Dr., as well as radiologic imaging study reports and electrodiagnostic study reports, spanning the time period from 01/06/04 through 05/17/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was allegedly injured. No mechanism of injury is provided in the clinical records. Lumbar MRI scan on 01/06/04 demonstrated suggestion of an annular tear at L4/L5 with moderate dehydration of the L5/S1 disc. The claimant also had lumbar myelogram and CT scan on 08/04/06, demonstrating a slightly poor underfilling of the left nerve root at L4/L5 and suggestion of a right L4/L5 foraminal bulge and left L4/L5 lateral disc herniation. There was, however, no evidence of spinal instability on the myelogram or CT scan. The claimant had a second MRI scan performed on 11/09/06, demonstrating a minimal annular bulge at L5/S1 with no mass effect on the spinal cord or nerve root sleeves, as well as degenerative disc disease at L4/L5 with evidence of a previous left hemilaminectomy. Electrodiagnostic studies by Dr. demonstrated chronic left L5 radiculopathy. Dr. has requested L3/L4, L4/L5, and L5/S1 discogram with post

discogram CT scan, a request that has separately been evaluated by two different orthopedic surgeons and found to not be medically reasonable or necessary. Dr. has indicated that this request is to evaluate alleged lumbosacral insufficiency at the L4/L5 and L5/S1 discs.

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

Myelogram and CT scan clearly do not demonstrate any evidence of spinal instability that would necessitate consideration of lumbar spinal fusion. Moreover, the myelogram and CT scan demonstrate no significant underfilling of lumbar nerve roots at any level. According to ODG Guidelines, lumbar discography is not an accurate tool for determining candidacy for lumbar fusion, and its use remains highly controversial regarding its predictive value for determining fusion results. Additionally, there is no documentation by a spine surgeon of consideration of lumbar fusion and willingness to proceed with that type of surgery pending discography results. The radiologic imaging studies additionally are indicative primarily of lumbar degenerative disc disease, which is an ordinary disease of life condition. In that regard, lumbar discography would not be medically reasonable or necessary as related to the work injury, as the current condition being evaluated appears to be one of primarily degenerative disc disease. Therefore, for all of the reasons described above, the request for three-level lumbar discography and post discography CT scan is not medically reasonable or necessary as related to the work injury.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- X 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.
- X Medical judgement, clinical experience and expertise in accordance with accepted medical standards.
- _____ Mercy Center Consensus Conference Guidelines.
- _____ Milliman Care Guidelines.
- X 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 national accepted medical literature (provide a description).
- _____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)