



REVIEWER'S REPORT

DATE OF REVIEW: 05/31/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Cervical discogram with post discogram CT scan.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation and Pain Management

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)

The reviewer utilized medical judgment in his decision, opting to review notes of all providers that indicate no change to the treatment plan would be expected by the use of this diagnostic tool, regardless of whether guidelines allowed this particular service.

INFORMATION PROVIDED FOR REVIEW:

1. Report dated 04/24/07 from L.V.N.
2. Letter dated 05/10/07
3. Report dated 01/10/07 from treating doctor (TD) pertaining to a cervical epidural steroid injection
4. Results of computerized muscle testing dated 12/01/06
5. Results of computerized muscle testing and range of motion assessment dated 08/25/06
6. Cervical spine x-ray report dated 05/11/06 D.C. with impression stating, “No fracture or aggressive bone or joint abnormality of the cervical spine; high pole lordosis; clinical correlation for associated possible changes or abnormal biomechanics of the cervical spine noted; mild anterior spondylosis C5/C6.”
7. MRI report dated 11/11/06 showing “acute posterocentral subligamentous herniation at C5/C6 measuring 3-4 mm, compressing the thecal sac with associated epidural

inflammation and effacement of the spinal cord, clinical correlation advised; small multilevel disc protrusions at C3/C4, C5/C6, and C6/C7 measuring approximately 2 mm as outlined above individually; no acute osseous or intrinsic neurologic abnormality of the cervical spine.” It is not identified as to whether the physician who ordered and interpreted this MRI is a board certified neural radiologist.

8. EMG report dated 01/12/07 which apparently found right median mononeuropathy of the wrist but no radiculopathy
9. Computerized range of motion and muscle testing report dated 02/28/07
10. Report from TD dated 04/04/07 indicating the claimant failed to respond to nonoperative treatment for her neck complaints and that he was considering surgery
11. Notes from 03/22/06
12. Report from TD dated 03/30/07 as well as his note of 03/22/07
13. Note dated 03/15/06 from TD as well as 01/26/06 note and 03/15/06 note
14. Report dated 07/25/06
15. Report dated 06/01/06
16. Report dated 04/25/06
17. Report dated 05/16/06
18. Report dated 09/08/05
19. Notes dated 05/10/05
20. Note dated 04/26/05
21. Report dated 04/19/05
22. Report dated 04/05/05 that indicated the patient did not respond to the cervical epidural steroid injections
23. Report dated 02/01/05
24. Report dated 01/11/05

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

On xx/xx/xx the claimant was involved in a work-related motor vehicle accident. She was driving a golf cart at her job when she was struck by a motor vehicle, knocking her off the golf cart, reporting injuries to her low back, midback, and neck as well as headaches and numbness in both arms, hands, and pain in her right ankle. Following this she has had extensive therapeutic intervention as detailed above, which has included unsuccessful cervical epidural steroid injections. She has had an MRI scan, which was read by a chiropractor, but it is not clear what his credentials are for interpreting the same. Nonetheless, she was diagnosed with a C5/C6 disc herniation, which is what everyone who has been treating her appears to be basing their treatment on. She did not have radiculopathy on EMG testing. It appears as though she is at maximum medical improvement unless she undergoes surgery. Provocative discography has been recommended.

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

I do not believe that discography and a post discogram CT scan is going to add anything to the clinical picture of this injured employee. The C5/C6 disc herniation is listed as acute and is the likely pain generator. I do not see how injecting a minimum of four cervical discs will alter the surgical decision-making process. This process, nonetheless,

has not been delineated in any of the surgeons' notes. Specifically, for instance, if the discogram was "positive" at four levels, would he entertain a four-level fusion? If it is abnormal at the level of the significant disc herniation, if that being C5/C6, would the surgical approach be any different than it would be if he operates at that level because of the disc herniation on MRI scan?

I believe the surgical approach is going to be an anterior cervical discectomy and fusion regardless of the results of the discogram. I do not see how the discography will alter that surgical decision-making process. The discogram certainly has false positive and false negatives recorded in the medical literature, which may be problematic. Also, it is not unusual to find abnormalities on discography in degenerative discs such as the three additional discs beyond the C5/C6 disc herniation noted in the MRI scan. Therefore, it would be anticipated that there would be multilevel abnormalities on the discogram. Again, other than proving that, I do not see how it would alter the treatment program.

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.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)