

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 05/22/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar discogram.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., orthopedic surgeon, board certified, with experience in the evaluation and treatment of injured employees with spine problems.

**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:**

1. TDI referral
2. MRI Lumbar, November 1, 2006
3. MRI Sacrum, November 1, 2006
4. URA denial by Review Med, March 15, 2007
5. Office notes of The Institute, October 20, 2006 to April 13, 2007
6. TWCC 73, December 4, 2006 to February 9, 2007

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This male with a long history of low back pain suffered a straining injury to the lumbar spine on approximately xx/xx/xx. An MRI scan performed on 11/01/06 revealed degenerative disc disease at the level of L5/S1. He received sacroiliac joint injections in January 2007, yielding relief. The requesting physician is requesting a lumbar discogram to see if symptoms are discogenic in origin.

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

Discogram is at best considered a controversial procedure. There are false positives. The procedure has no therapeutic value whatsoever. It has limited diagnostic value as a result of its false negatives. Under most circumstances, it is considered to be beneficial principally in

preoperative planning for a patient who is already considered a candidate for extensive fusion of elements of the lumbar spine. It is not considered appropriate for simple diagnostic considerations.

**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.)