



REVIEWER'S REPORT

DATE OF REVIEW: 05/13/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Discography from L3 through S1

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

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. Company request for IRO
2. Preauthorization Review Summary and insurance company denials
3. Medical records from treating doctor (TD)
4. Medical records from pain management physician
5. Medical records from spine surgeon
6. EMG report
7. Carrier's records with plain x-rays of the lumbar spine
8. Notes from pain management facility

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient had previous L5/S1 disc operation in the past. He suffered a new back injury with increasing back and left leg pain. The patient was found to have a left L5/S1 radiculopathy as well as low back pain and bulging disc at L4/L5. EMG study was negative. The patient failed conservative treatment and was considering surgical management with the spine surgeon. The spine surgeon recommended discography to

help ascertain painful discs. L3 through S1 discography was requested, with L3/L4 being the control level.

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

The insurance company's denials were based on the fact that the reviewer did not think that this patient was being seen by a spine surgeon. The spine surgeon adequately noted abnormalities at L5/S1 from a previous surgery as well as annular disruption at L4/L5. Therefore, the recommended discography from L3 through S1 is reasonable and medically necessary for this patient.

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.)