



DATE OF REVIEW: 5/3/2007  
IRO CASE #:

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

-63056: Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)

-63057: Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)

-76005: Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve, or sacroiliac joint), including neurolytic agent destruction

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer attended the University and later graduated as a Doctor of Osteopathy, College of Osteopathic Medicine. He did his residency and fellowship at the University of Texas. He is board certified in Anesthesiology and Pain Management and has medical licenses in both New York and Texas. He is also a member of the Osteopathic Association, Academy of Pain Management, Board of Anesthesiology, and Board of Pain Medicine.

**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)

-63056: Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)

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**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for a review dated 4/27/2007
2. Company request dated 4/27/2007
3. Initial review dated 4/27/2007
4. Request for review dated 3/16/2007
5. Clinical note dated 4/20/2007
6. Clinical note dated 2/23/2007
7. Clinical note dated 9/26/2006
8. Clinical note dated 10/19/2006
9. Verification report dated 3/19/2007
10. Notice for air analyses by dated 4/30/2007
11. Review organization note by Emily dated 04/30/2007
12. Clinical note by RN dated 02/23/2007
13. Clinical note dated 02/20/2007

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14. Follow up note by MD dated 02/16/2007 to 09/07/2006 multiple dates
15. Follow up note by MD dated 06/08/2006
16. Follow up note by MD dated 05/05/2006
17. New patient evaluation note by MD dated 01/27/2006
18. Office procedure note by MD dated 09/19/2006
19. Office procedure note by MD dated 04/20/2006
20. Office procedure note by MD dated 07/06/2006
21. Office procedure note by MD dated 05/24/2006
22. Clinical note by MD dated 09/19/2006
23. Enhancement note by MD dated 02/28/2006
24. Enhancement note by MD dated 04/12/2004
25. Electro diagnostic examination note by MD dated 08/25/2005
26. Elector diagnostic examination note by MD dated 08/18/2005
27. Clinical note by RN dated 04/02/2007
28. Clinical note dated 02/20/2007
29. Follow up note by MD dated 02/16/2007 to 06/07/2006 multiple dates
30. Follow up note by MD dated 06/08/2006
31. Follow up note by MD dated 05/25/2006
32. New patient evaluation note dated 01/27/2006
33. Office procedure note by MD dated 09/19/2006
34. Office procedure note by MD dated 04/20/2006
35. Office procedure note by MD dated 07/06/2006
36. Office procedure note by MD dated 05/24/2006
37. Post discogram note by MD dated 09/19/2006
38. Electro diagnostic examination note by MD dated 08/18/2006
39. Elector diagnostic examination note by MD dated 08/25/2005
40. Without enhancement note by MD dated 04/12/2004
41. Without enhancement note by MD dated 02/28/2006
42. Peer review note by MD dated 10/23/2006
43. Clinical note dated 05/01/2007
44. Call report dated 03/15/2007
45. Vendor information note dated 03/19/2007
46. Vendor information note dated 03/19/2007
47. Protocol trace note dated 10/02/2006
48. Clinical note by RN dated 09/28/2006
49. Clinical note dated 09/21/2006
50. New patient evaluation note by MD dated 01/27/2006
51. Follow up note by MD dated 09/07/2006
52. Follow up note by MD dated 08/08/2006
53. Follow up note by MD dated 05/05/2006
54. Clinical note by RN dated 10/19/2006
55. Clinical note dated 10/13/2006
56. Follow up note by MD dated 10/10/2006
57. New patient evaluation note dated 01/27/2006
58. Follow up note by Joseph Gabriel MD dated 09/27/2006
59. Follow up note by MD dated 06/08/2006
60. Follow up note by MD dated 05/05/2006
61. Office procedure note by MD dated 09/18/2006
62. Office procedure note MD dated 04/20/2006
63. Office procedure note by MD dated 07/08/2006
64. Office procedure note by MD dated 05/24/2006
65. Electro diagnostic examination note by MD dated 08/25/2005
66. Electro diagnostic examination note by MD dated 08/18/2005
67. Post discogram note by MD dated 09/19/2006
68. Enhancement note by MD dated 02/28/2006

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured individual is a male who sustained an injury while at work. He has had chronic back and leg complaints since that time. He has undergone ESI's to the left side. Imaging revealed right sided disc pathology and discograms were also positive for concordant pain at L3-4 and L4-5.

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The injured work was most recently seen on 2/16/2007 and had a significant amount of pain most in the back radiating down his lower extremities, left side greater than the right side. His range of motion on forward flexion and extension was slightly decreased. There was significant tenderness noted over the facet joints at L4-5 and L5-S1. The provider's assessment was lumbar spondylosis with radiculopathy secondary to herniated nucleus pulposes and discogenic back pain.

At this time, the denial of 63056, 63057, and 76005 is under review.

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

There is no documentation that supports a definitive nerve root involvement or a herniation causing this patient's condition. There is no MRI to support it. A discogram is not used to decide on what level a decompression is done. A discogram is used by some surgeons to decide on what level a painful disc tear is causing the pain generator and what level a fusion needs to be done at. There is no neurological finding on the physical exam to support definitive nerve root involvement. Accordingly, the denial is upheld.

**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 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

AMR Tracking Num: