



Southwestern Forensic  
Associates, Inc.

**DATE OF REVIEW:** November 27, 2007

**IRO CASE #:**

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

Provocative discography L4-5, L5-S1 with post discogram CT scan.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

The reviewer is a licensed physician in the State of Texas. The reviewer is fellowship trained in Pain Management with Board Certification in Anesthesiology and Board Certified in Pain Medicine. The reviewer has 20 years of active clinical practice in the specialty of 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)

**INFORMATION PROVIDED FOR REVIEW:**

1. Lumbar MRI dated 08/30/2007.
2. Progress notes of Dr. dated 08/31/2007, 09/20/2007.
3. Physician advisor review reports.
4. Request for medical records of Dr.

**ODG guidelines were NOT presented for review by the carrier or URA.**

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

No history was provided regarding this claimant’s alleged work history other than a date of injury of xx/xx/xx. Lumbar MRI on 08/30/2007 demonstrated mild left facet arthropathy and foraminal stenosis at L4-5, as well as a 3 mm central disc protrusion at L5-S1 accompanied by facet arthropathy slightly greater on the right. No canal stenosis was noted at either L4-5 or L5-S1. No other findings were noted on the lumbar MRI. The claimant was then seen in followup by Dr. on 08/31/2007 complaining of lumbar and left leg pain. Dr. noted that the physical exam demonstrated no abnormal neurologic findings, including normal reflexes, sensation, motor testing and straight leg raising test bilaterally. Dr. recommended that the claimant undergo L5-S1 discography. Two separate physician advisors reviewed the request, both recommending non-authorization.

Dr., in rebuttal of these decisions, stated in a letter of 09/20/2007, that the discogram at L5-S1 was necessary to determine whether the claimant was “suffering from a discogenic pain syndrome.” The claimant was referred to Dr. for performance of lumbar discography at L4-5 and L5-S1. A request for records of Dr. was returned to Southwestern Forensics Associates, Incorporated, with a note stating, “Patient never seen.”

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

There is no evidence of any of the treatment provided to this claimant prior to the lumbar MRI of 08/20/2007. Moreover, that MRI demonstrates a mild central disc protrusion at L5-S1, but no evidence of lumbar instability or clinically significant disc herniation. There is no indication in Dr. notes that this claimant is being considered for fusion surgery, and the claimant, in fact, appears to have never even been seen for evaluation by the requesting physician, Dr. Per ODG, lumbar discography is a highly controversial test, which has not been proven to provide definitive reliable information regarding appropriateness of lumbar fusion surgery. Therefore, for all the reasons described above, not the least of which is the fact that the claimant has never even been seen by the requesting physician, the recommendation for non-authorization of provocative discography at L4-5 and L5-S1 with post discogram CT scan is upheld.

**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 judgment, 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.)