

URA records- a total of 42 pages of records received to include but not limited to:
Request for an IRO; letters 8.28.07, 9.6.07; Health Assoc. report 8.2.07; report, Dr. 8.23.07;
MRI L-Spine, 4.27.07; notes, Dr. 4.24.07-8.7.07; notes. Dr., 5.22.07-8.13.07; report, Physical
Therapy 5.2.07

Requestor records- a total of 28 pages of records received to include but not limited to:
Notes, Dr. 4.24.07-9.18.07; report, Dr. , 8.23.07; MRI L-Spine, 4.27.07; notes, Dr. 5.22.07-
8.13.07; Physical Therapy notes, 5.2.07; DDE 7.24.07; letter from patient 10.3.07

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient had a prior three level lumbar spine surgery laminectomy and discectomy in October 2004 for a degenerative spine condition per Dr. 's 4/18/06 office note. He was diagnosed with a failed lumbar spine syndrome. Dr. proposed lumbar discography in October 2006.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

On 4/18/06, the patient received multiple lumbar trigger point injections as well as bilateral L5 ESIs and a translaminar L5-S1 ESI. The 4/27/07 lumbar MRI did not show any recurrent disc herniation, but did show the post surgical changes at L3-4, L4-5, and L5-S1. The Designated Doctor, Dr. , reported positive Waddell signs. The 5/22/07 discogram reported three levels (L3-4 through L5-S1) of severe concordant pain with discordant pain at L2-3 at 9 on a 0-10 scale. The lumbar myelogram can not differentiate scar from disc. Thus, this study will not provide further meaningful definition of the lumbar spine anatomy. Moreover, Dr. had already proposed a three level fusion surgery which was denied at the IRO level.

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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)