



REVIEWER'S REPORT

DATE OF REVIEW: 10/14/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Discogram at L3/4, L4/5 and L5/S1 with a post discogram CT scan.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., licensed to practice medicine in the State of Texas since 1962, board certified in Neurosurgery since 1972

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 Assignment-October 5, 2007
2. MD, office notes-January 10, 2007 to July 11, 2007-10-17
3. Management, Epidurogram/ESI-June 20, 2007
4. Management, office notes-December 12, 2006 to August 9, 2007.
5. Hospital, CT Myelogram-March 19, 2007.
6. Clinic, psychological evaluation-September 6, 2007.
7. MD, EMG-June 28, 2006.
8. Findings-March 2, 2007 to September 13, 2007.
9. Center, CT-October 5, 2005.
10. ODG and ACOEM Guidelines

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

Apparently this gentleman injured his back at work. He has been treated with virtually all forms of conservative therapy since that time. In 1995 he underwent lumbar fusion at L5/S1. Instruments were removed in 1996. He has had epidural injections, and he has also had a spinal cord stimulator placed.

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

First of all, I have had experience with discography since the 1960s and understand the history of the use of that procedure in spinal surgery. It is my opinion, based upon my experience and that which is in the literature, that discography has become an archaic procedure and has no place in the treatment of patients with spinal column disease. This is born out by the lack of recommendation of discography for spinal column disease in the ODG Treatment Guidelines for Workers' Compensation, 2007-2008 Edition.

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.)