



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: 09/14/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Lumbar discogram.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THIS DECISION:

Texas License
Board Certified Neurosurgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Chiropractic treatment records dated 01/25/07 thru 07/24/07.
2. Radiograph of the left knee dated 01/30/07.
3. Radiograph of the cervical spine dated 01/30/07.
4. Radiograph of the thoracic spine dated 01/30/07.
5. Radiograph of the lumbar spine dated 01/30/07.
6. MRI of the lumbar spine dated 03/09/07.
7. MRI of the cervical spine dated 03/21/07.
8. Behavioral medicine evaluation of 03/21/07.
9. Medical records of Dr. dated 04/03/07 thru 06/08/07.
10. Biofeedback reconsideration request of 04/06/07.
11. EMG/NCV study dated of 04/25/07.
12. consult of 06/01/07.
13. letter of 06/08/07.
14. Lumbar myelogram dated 06/14/07.

15. Denial letters for discogram x 2, *Official Disability Guidelines* cited, 08/16/07.
16. report of 07/12/07.
17. Epidural steroid injection of 07/30/07 & 08/20/07.
18. Functional Capacity Evaluation of 07/31/07.
19. Dr. note of 08/16/07.
20. Dr. note of 08/22/07.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The employee was involved in a head on collision, which resulted in right knee pain, neck pain, and low back pain.

The employee was evaluated by D.C. Plain radiographs of the knee reflected age related changes without evidence of an acute injury. The employee was referred for an MRI of the cervical spine on 01/30/07. This study reported age related degenerative changes and degenerative disc disease at C3-C4 and C5-C6. There were anterior and posterior osteophytic changes at C5-C6. Thoracic radiographs indicated osteopenia. Radiographs of the lumbar spine performed on this date indicated disc edema at L3-L4 and degenerative disc disease from L4 to S1 with associated facet arthrosis.

The employee was referred for an MRI of the lumbar spine on 03/09/07. This study reported normal findings from T10 to L4. At L4-L5, there was a 2.5 mm broad-based disc bulge extending beyond both neural foramina which combined with facet hypertrophy to result in mild bilateral neural foraminal narrowing. There was a left paramedian disc protrusion at L5-S1 which measured 3.5 mm that extended into the neural foramina causing moderate lateral recess stenosis and moderate left neural foraminal narrowing.

An MRI of the cervical spine performed on 03/21/07 indicated multilevel cervical spondylosis.

On 03/21/07, the employee was referred for behavioral evaluation and noted to have an adjustment disorder with a mixed anxiety and depressed mood. BDI was reported to be 9 and BAI was reported to be 13.

The claimant was evaluated by Dr. on 04/03/2007. Dr. recommended a CT/myelography and EMG of the left lower extremity.

An EMG performed 04/25/07 suggested a possible bilateral S1 radiculopathy.

The employee was referred for myelography on 05/14/07. This study reported filling defects at the left S1 nerve root sleeve consistent with the employee's previously reported imaging study. The CT indicated disc protrusions with encroachment on the left S1 nerve root. The employee was referred for lumbar epidural steroid injections.

The employee was later given an FCE which indicated he was capable of sedentary to light activity.

The employee was examined by Dr. on 08/16/07. Dr. recommended that the employee was a surgical candidate and would benefit from a lumbar laminectomy, discectomy, foraminotomy, and partial facetectomy at L5-S1.

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

A lumbar discography is not medically necessary. The available medical records indicate the employee has low back pain secondary to disc herniations at two levels. The physical examination findings closely correlate with the imaging studies. The employee has a fairly significant radicular component and the surgery of choice is decompression. There was no indication of lumbar instability, and therefore, there are no indications for lumbar discography. Discography will not alter the course of this employee's care, and therefore, would not be considered medically necessary. Both *Official Disability Guidelines* and *ACOEM Guidelines* do not recommend lumbar discography as a diagnostic tool. The employee has had a psychiatric evaluation for a CPMP.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- A. *Official Disability Guidelines*
- B. *ACOEM Guidelines*