

True Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW: April 10, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar discogram with CT, L3-4 and L4-5

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

Board Certified Orthopedic Surgeon

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)

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a male injured in a fall. He came under the care of Dr. in 2005 and due to ongoing pain that had failed conservative treatment underwent L5-S1 fusion with instrumentation and placement of a bone growth stimulator on 07/19/05. Following surgery the claimant had ongoing low back pain and some leg pain.

On 01/19/06 Dr. saw the claimant for a designated doctor's examination. On examination there was give way weakness with good dorsiflexion and plantar flexion strength. Reflexes were 0 at the knees and ankles. There was atrophy of the left thigh. Tenderness was noted but no spasm. The claimant was determined to be maximum medical improvement.

The 02/08/06 CT myelogram showed non-specific wasting of the thecal sac at L4-5. There was mild diffuse bulging at L2-3 causing encroachment on the thecal sac. At L5-S1 there was bilateral bony fusion with screws and plates. On the 07/16/06 visit the claimant was returned to light work but on 10/09/06 Dr. noted that the claimant had too much pain to work. On examination he walked well and had good strength. X-rays

showed a solid fusion. Medications were recommended as was therapy.

On the 04/09/07 visit Dr. related that the claimant was unable to get therapy. He had a position straight leg raise at 45 degrees and another CT myelogram was ordered. The 04/20/07 CT myelogram showed no central canal or neural foraminal stenosis. There was mild narrowing at L4-5 due to facet hypertrophy and ligamentous thickening. At L5-S1 there were post operative changes and a bone growth stimulator with no stenosis. No significant attenuation of the nerve roots was seen. Dr. provided an epidural steroid injection on 05/15/07 with some temporary benefit. He continued to treat the claimant conservatively with hydrocodone and Zoloft.

On 01/10/08 Dr. saw the claimant for increasing back, bilateral hip and leg pain. He was using a cane and straight leg raise was positive bilaterally. The 01/23/08 CT myelogram documented L4-5 moderate facet hypertrophy, ligament thickening and disc bulging with an irregular configuration of the thecal sac; no spinal stenosis; and mild bilateral neural foraminal narrowing. L5-S1 post operative changes were noted with no stenosis or hardware complication. Dr. recommended a discogram to determine if L4-5 was the pain generator so that he could decide whether conservative treatment or surgery would be needed. This was denied on peer reviews and a dispute resolution has been requested.

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

Clearly, this gentleman has developed some degenerative changes above a fusion. These changes could be facet mediated. The progression of degenerative change above a fusion site is certainly not uncommon. "Adjacent segment disease" is a fairly well-recognized diagnosis.

Per the ODG guidelines, discography is generally not recommended. This claimant's adjacent segment disease has been proven by other imaging modalities. As such, the Reviewer would not recommend the procedure as medically necessary at this time.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, (i.e. Low Back-Discogram)

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)