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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Battery Health Improvement

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery
 TX DWC ADL

REVIEW OUTCOME:

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

Upheld

| Health Care Service(s) in Dispute | CPT Codes | Date of Service(s) | Outcome of Independent Review |
|-----------------------------------|-----------|--------------------|-------------------------------|
| Battery Health Improvement | | - | Upheld |

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

| No | Document Type | Provider or Sender | Page Count | Service Start Date | Service End Date |
|----|------------------------------|--------------------|------------|--------------------|------------------|
| 1 | Utilization Review - Appeal | | 3 | 02/28/2008 | 02/28/2008 |
| 2 | Utilization Review - Initial | | 3 | 02/21/2008 | 02/21/2008 |
| 3 | Ortho Eval Report | Orthopedics | 2 | 02/05/2008 | 02/05/2008 |
| 4 | Diagnostic | MRI and Diagnostic | 2 | 06/07/2006 | 06/07/2006 |
| 5 | Surgery | Hospital | 2 | 09/05/2007 | 09/05/2007 |
| 6 | Psychological screening | | 9 | 02/15/2008 | 02/15/2008 |

PATIENT CLINICAL HISTORY [SUMMARY]:

The request is for an IRO on xxx for Outpatient Battery for Health Improvement-2 pertaining to the left knee meniscal tear and lumbar sprain/strain. The requesting physician is M.D. of Orthopedics.

Brief history:

The patient is a overweight right handed male who injured his left knee and lumbar spine. He was lifting a cement block with a co-worker who dropped his end of the block while the patient kept holding his end.

Diagnostic tests:

Lumbar MRI revealed only L4-5 and L5S1 disc bulges. A knee MRI reportedly showed a torn medial meniscus. A mental health evaluation was done by M.Ed., L.P.C. on 11/09/06. He found the patient reported very high subjective levels of pain, was very focused on symptoms and physical limitations, relied solely on pain medication for pain relief, was significantly depressed with mild anxiety and saw himself as severely disabled.

Treatment:

Medial menisectomy to the left knee was done by Dr. on 08/07/06. A lumbar ESI was done on 12/08/06. A second left knee operation by Dr. for reportedly torn menisci-07/18/07 He continues with low back pain/left knee pain. Muscle physical findings are lumbar paraspinal muscle tenderness, positive left SLR, lumbar ROM is limited. Muscle power of the lower extremities is 5/5 on the right and 4/5 on the left. Sensation is normal. Knee exam revealed medial joint line tenderness/pain. The remainder f the exam was normal. He was placed at MMI on 02/25/08 with 9% whole person impairment.

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

Review of available medical records show that Dr. wants to do a discogram because if he does not do one he believes he will be sanctioned by the Medical Board (I have not heard of anything like this before). Dr. requests a battery for health improvement test thinking that this will satisfy one of the criteria/recommendations set by ODG prior to performing a discogram. This request appears to be limited to just taking a test while ODG recommends a detailed psychosocial assessment which normally entails clinical interviews. Detailed psychosocial assessment as a prelude to discography requires more than just taking a test or an outpatient battery for health improvement. As such, this request is recommended for non-authorization based on established peer reviewed guidelines.

While ODG does not recommend discography, it does require that if discography is to be done anyway, that a detailed psychosocial assessment be done. This is more than just doing testing. It requires an interview by a psychologist or psychiatrist. Discography has been and remains a controversial diagnostic tool. ODG 4th ed, does not recommend it.

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

ODG:

4th ed

