



Southwestern Forensic
Associates, Inc.

Amended April 14, 2008

REVIEWER'S REPORT

Date of Review: 4/13/08

IRO Case #:

Description of Service or Services in Dispute: Lumbar discography

Qualifications: MD degreed, ABOS certified orthopedic surgeon with extensive experience in the evaluation of and treatment of spine injured patients.

Review Outcome:

- Upheld (agree)
 Overturned (disagree)
 Partially overturned (agree in part/disagree in part)

Information provided for review:

TDI Assignment forms
Denial Letters: 2/1/08 and 3/4/08
Requestor records including 28 clinical notes between 05/08/05 and 03/03/08
MRI, L/S spines 5/13/04 and 12/17/07
Bassett Surgery Center operative reports 1/10/06, 5/25/06, and 8/10/06
URA Records including MRIoA reviews 2/1/08 and 3/3/08
ODG Guidelines were not included by the carrier

Injured employee clinical history:

The patient is a xxx with history of a lumbar spine injury suffered in fall from truck. There is an extensive treatment history utilizing chiropractic manipulations, physical therapy, pain medication, muscle relaxant medication, epidural steroid injection, and right SI joint injections. Inconsistent physical findings are documented. MRI studies are suggestive of degenerative disc disease at multiple levels. There is possible lumbar instability on the basis of spondylosis at L5-S1, but not well documented.

Analysis and Explanation of the decision, including clinical basis, findings and conclusions used to support decision:

The ODG, 2008, Low Back Chapter specifically states that lumbar discography is “not recommended”. Though a potential surgical recommendation has been mentioned, the specific surgical intervention being contemplated has not been documented. No specific justification for a surgical procedure has been offered. In spite of the fact that lumbar discography has been declared a “not recommended” procedure, there does appear to be an option for use of the study under specific circumstances. This patient does not have a psychosocial evaluation documented. Obtaining approval for discography will require the statement of justification for a specific surgical procedure and the extensive psychosocial evaluation.

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.)