

I-Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 20, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Discogram with Post CT L2-S1

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

MD, 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity does not exist for Lumbar Discogram with Post CT L2-S1.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 7/30/08, 7/24/08

ODG Guidelines and Treatment Guidelines

Rehabilitation Center, 7/7/08

MD, 6/2/08, 8/5/08

MRI of Lumbar Spine, 5/18/07

Pain Management, 4/10/08, 4/8/08, 3/25/08

APRN, 3/18/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is an injured worker injured on xx/xx/xx with back pain. He had a negative EMG study. An MRI scan showed a 1-mm bulging disc at L4/L5 and a 1-mm at L5/S1 with another 2-mm lateralizing bulge. The patient is now recommended for a discogram and post discographic CT scan. He has undergone a psychological evaluation, which indicates that the claimant could be vulnerable to becoming a "pain patient." Apparently the physician has told him that he has not had physical therapy because it might make him worse. He takes six to seven hydrocodone 10-mg tablets a day as well as four Soma tablets a day. Recommendation was that he may begin to deteriorate emotionally or physically and to get him into an interdisciplinary setting, especially if the medication needed to be escalated. Current recommendations for a discogram are based upon his back pain.

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

The reviewer finds that medical necessity does not exist for Lumbar Discogram with Post CT L2-S1. The patient does not meet ODG criteria. Flexion/extension views showing instability are not present. The North American Spine Society's Physician Statement on Provocative Discography concludes that there should be documented pathology on MRI scan that would warrant discography. This is not present in this claimant. Given the MRI scan films and the psychologic evaluation and the North American Spine Society Physician Statement on Provocative Discography, this reviewer is unable to overturn the previous adverse decision.

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: North American Spine Society's Physician Statement on Provocative Discography.