

Applied Assessments LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 1, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is: L2/3, L3/4, L4/5, L5/S1 discogram/epidurogram with post lumbar CT Scan and monitored anesthesia care.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Office note, Dr. , 02/07/08, 02/14/08, 03/27/08, 05/15/08

MRI lumbar spine, 02/11/08

Phone call, 02/18/08

Prescription, 02/19/08

Medicine refills, 02/28/08, 03/11/08, 03/27/08, 04/10/08

Note, 05/08/08

E-mail, 05/27/08

Adverse Determination Letter, 05/29/08, 06/16/08

Note, Dr. , 06/06/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant is a year-old male who was hit by a back hoe and thrown 8 feet on xx/xx/xx. Dr. evaluated the claimant on 02/07/08 for severe pain and spasm from his neck to his lumbar spine and numbness and tingling in the left leg into the arch of the foot and into the big toe. The examination demonstrated diffuse tingling throughout the thoracic paraspinal tissues all the way from T4-11, marked paraspinal lumbar spasm throughout the entire lumbar spine with severe restricted motion, left L5 type radicular pattern with markedly positive straight leg raise bilaterally, tenderness of the facets and paraspinals at L3-4, L4-5 and L5-S1 bilaterally, severe decrease in lumbar flexion and extension, 3/5 left extensor hallucis longus strength, decreased L5 sensory on the left, positive sitting straight leg raise bilaterally, 3/5 quadriceps and Achilles reflexes and 1/5 left hamstring reflexes. X-rays of the lumbar spine that day revealed multiple Schmorl's endplate changes at 4-5, 3-4, 2-3, 1-2 and 5-1. No gross fracture was seen. Cervical, thoracic and lumbar MRIs, a steroid dose pack, corset and soft collar were recommended.

A lumbar MRI on 02/11/08 revealed: L1-2: no disc bulge or herniation and no central canal or foraminal stenosis; L2-3: mild disc degeneration, a 2-3 millimeter posterolateral disc protrusion with associated annular tearing, mild central canal stenosis, mild facet arthropathy and no foraminal stenosis; L3-4: mild disc degeneration, 2 millimeter disc bulging, mild central canal stenosis, mild facet arthropathy and mild bilateral foraminal stenosis; L4-5: mild disc degeneration, 2 millimeter disc bulging, subtle associated annular tearing, no central canal stenosis, mild facet arthropathy and moderate bilateral foraminal stenosis; L5-S1: mild disc degeneration, 2 millimeter right paracentral disc bulging, no central canal stenosis and mild bilateral foraminal stenosis.

At the 05/15/08 visit he reported a lot of back pain. He clearly had an annular tear in the back at multiple levels with disk degeneration at multiple levels and was to consider fusion surgery. The physician stated he could try to live with this or do some discography at 2-3 and if positive can check 3-4, 4-5 and 5-1. Ultracet was prescribed and Vicodin and Narcotics were to be discontinued. Additional pool therapy was also recommended.

On 05/29/08 and 06/16/08 the discogram at L2-3, L3-4, L4-5 and L5-S1 was denied. Dr. authored a note on 06/06/08 stating that discography was recommended to isolate the source of his pain and that he had failed conservative therapy including time, anti-inflammatories and therapy. He indicated he needed to make certain this was concordant with his exact symptoms so he could hopefully get him treated and back to work.

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

ODG guidelines do not recommend such, but state that while not recommended, if a decision is made to use such, specific criteria should apply. Initial interview was 01/21/08 thus he is now 3 months out from his injury. The patient had continued complaints of pain. Dr. authored a letter 06/06/08 stating that discography may be indicated if an individual failed to respond to conservative treatment. It is noted that this individual had failed conservative treatment including therapy. This individual does meet some of the guidelines per ODG, but not all. His symptoms have been present for 3 months and he has failed to respond to conservative measures. MRI was also positive. He, however, has not had a detailed psychosocial assessment, thus would not be a candidate for discography.

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)