

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 12, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Discogram w/ CT (76376, 72295, 62290, 72131, 99144, 72131)

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 w/ CT (76376, 72295, 62290, 72131, 99144, 72131).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 10/20/08, 11/17/08
ODG Guidelines and Treatment Guidelines
DO, 10/8/08, 9/2/08, 8/6/08, 7/2/08, 6/11/08, 5/6/08, 4/1/08, 12/17/07, 10/8/07, 9/17/07,
8/15/07, 7/10/07, 6/26/07, 6/12/07, 4/17/07, 1/22/07, 1/5/07, 12/12/06
, 7/31/08, 12/26/06
Lab Reports, 11/13/07, 6/8/07
Patient Profile, 11/25/08
, MD, 7/10/08, 8/29/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is an injured worker who was injured while lifting on xx/xx/xx. He apparently was lifting a large bundle of metal studs, 200-300 pounds, when he felt a pop in the low back and pain in the right hip and leg. There have been specific complaints of low back pain.

Some of the medical records indicate bilateral radiculopathy, but most of the medical records indicate right-sided radiculopathy and low back pain. He had an MRI scan of the lumbar spine, and the main finding appears to be a 4-mm foraminal disc at L3/L4 impinging upon the L3 nerve root with left foraminal stenosis, a 4-mm central disc at L4/L5 without stenosis on the MRI scan, and a 2-mm protrusion at L5/S1, also without stenosis. He has not had flexion/extension films that we could determine from the records. The patient has had medications including Lortab and Xanax, physical therapy and work hardening. The request is for discogram at L5/S1 to determine if this is a component of his discogenic pain syndrome. A myelogram and post-myelographic CT scan was stated to demonstrate opacification of the L5 roots bilaterally, greater on the right than the left, and some on the right S1 root. It was stated there was a disc herniation at L4/L5 towards the right impinging upon the L5 root sleeve. The treating physician wishes to perform an anterior lumbar interbody fusion at L4/L5 and L5/S1 with posterior decompression and posterior lateral fusion and instrumentation. There is no comment as to the L3/L4 level, which is significant, at least on the MRI scan. The patient has not undergone psychological testing. The patient has not had any flexion/extension views documenting instability.

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

This patient has not had any psychological testing which shows that he is a good candidate for a fusion. There has been no attempt to determine if there is any instability with flexion/extension films. He has not had epidural steroid injections to treat his radiculopathy, and there is no explanation why the L3/L4 disc seems to be of significance, particularly for discogenic pain syndrome. The patient meets neither the ODG Guidelines on discography, nor the North American Spine Society's protocol on provocative discography. The reviewer finds that medical necessity does not exist for Lumbar Discogram w/ CT (76376, 72295, 62290, 72131, 99144, 72131).

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 North American Spine Society's Treatment Protocol on Provocative Discography