

Notice of Independent Review Decision

DATE OF REVIEW: 07-29-2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical discogram with CT

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

Certified by The American Board of Orthopaedic Surgery

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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	722.0 722.91 723.4 729.2 840 842.0 847.1	72285 72125 62291	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notice of Non-authorization, 06-04-08
Notice of Non-authorization (reconsideration), 06-20-08
Pre-auth Request for Cervical Discogram, 05-15-08
Pre-auth Request for Cervical Discogram (reconsideration), 06-12-08
Follow up Consultation, 04-29-08
Physician prescription request cervical discogram & CT, 05-05-08
Official Disability Guidelines (ODG) TWC Neck Discography

PATIENT CLINICAL HISTORY

This is a claimant with work-related injury on xx/xx/xx. Apparently, the claimant has had extensive conservative treatment without long-term consistent gains in relief and function. The office follow-up note of 04-19-08 indicates continued cervical pain, right upper extremity, and right periscapular pain. The treating staff recommended cervical discography at C3-4, C4-5, and C5-6 levels to determine concordant pain at one or several levels for possible surgery.

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

As noted in the Official Disability Guidelines, discogram is not recommended. While noting that there is conflicting evidence, additional medical literature was reviewed. Beyond that, the Reviewer recognized that all of the five required criteria as noted in the ODG were not met. The Reviewer noted that documentation did not include a psychological assessment, an appropriate briefing, or evidence that would indicate that this claimant is truly a surgical candidate, based on the surveillance completed and the findings of disc protrusions at C3-4, C4-5 and C5-6 without disc herniations. From the records submitted, there is documentation of specific multiple level disc lesions and that the discogram will be positive at all these levels, thus a discogram would not be useful. The Reviewer commented that there are more current assessments in the ODG citations {Caragee 2000, Weiser 2007, and Haldeman 2008} noting the lack of efficacy of a discogram.

In the opinion of the Reviewer, while noting that the claimant has had conservative care, positive EMG, and findings of disc lesions, based on medical documentation there is no clear indication that the request for discography would advance the diagnosis or alter the treatment plan. Therefore, the proposed study is not medically necessary for this patient.

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)