

I-Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: JULY 22, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Psychosocial Assessment and Minnesota Multiphasic Personality Inventory, MMPI, to satisfy pre-discogram and pre-surgical criteria.

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 Psychosocial Assessment and Minnesota Multiphasic Personality Inventory, MMPI, to satisfy pre-discogram and pre-surgical criteria.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters and Notes from , 6/9/08, 5/29/08, 6/16/08

ODG Guidelines and Treatment Guidelines

, MRI of Lumbar Spine, 11/1/06

, MRI of Lumbar Spine, 11/1/06

, MD, 5/30/08

Operative Report, 5/30/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx-year-old male with a date of injury of xx/xx/xx with low back pain. The patient had an MRI scan, which showed an abnormal disc with annular tear at L5/S1. The patient has undergone a discogram with post discographic CT scan, which show multilevel findings. In particular, it is noted that the patient had the lower four levels tested. The initial level at L3/L4 revealed concordant pain, but radiologically the disc was normal bilocular. The next level, L4/L5, showed concordant achy pain at 7/10. The disc was mildly degenerative. L5/S1 revealed concordant low back pain, 10/10. The L2/L3 level was reported as nonconcordant. Interestingly, the patient, having failed a discographic technique, i.e. complaining of concordant pain at normal levels, the requesting physician wishes to proceed with surgery and psychological testing. Discogram has already demonstrated this patient's exceptional pain and has already failed the North American Spine Society protocols for provocative discography.

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

Based upon the discogram, which has shown that this patient's pain is not uniquely generated from the L5/S1 level, which is abnormal on MRI scan, and based upon the flex/extension views, which did not show instability, this patient fails not only ODG Guidelines criteria but also fails the discogram entirely based upon North American Spine Society protocol. It is for this reason the previous adverse determination is upheld. The purpose of discography is to identify whether or not the patient perceives their pain correctly, and if they have pain at normal levels, then clearly they do not. Hence, not only is surgery not indicated in this case, but a psychological clearance for surgery is also not indicated, as even if it were normal, the patient has failed not only the instability test but the discography test. The reviewer finds that medical necessity does not exist for Psychosocial Assessment and Minnesota Multiphasic Personality Inventory, MMPI, to satisfy pre-discogram and pre-surgical criteria.

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 Protocols for Provocative Discography