

US Resolutions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

Notice of Independent Review Decision

DATE OF REVIEW: JULY 8, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

1) 62290, Inject for Spine Disk X- (3 units); 2) 72295 X--Ray of Lower Spine Dis (3 Units); 3) 72132 CT Lumbar Spine w/Dye (1 unit)

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 1) 62290, Inject for Spine Disk X- (3 units); 2) 72295 X--Ray of Lower Spine Dis (3 Units); 3) 72132 CT Lumbar Spine w/Dye (1 unit).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 5/9/08, 5/20/08

ODG Guidelines and Treatment Guidelines

Operative Report, 2/19/08

MRI of Lumbar Spine, 6/1/07, 1/4/06

, MD, 3/13/08

, MD, 4/14/08, 1/3/08, 11/6/07, 11/13/07, 1/3/08

, MD, 4/21/08, 9/11/07

, Ed.D., 4/28/08-4/29/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is an injured worker who has had a definitive diagnosis of sacroiliac dysfunction made with excellent response related in the medical records to be complete relief of his pain on repeat sacroiliac injections, however, with failure of relief on rhizotomy. He is now considered for a discogram post discographic CT scan, even though the previous records indicate that his pain relief was complete with sacroiliac blocks.

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 1) 62290, Inject for Spine Disk X- (3 units); 2) 72295 X--Ray of Lower Spine Dis (3 Units); 3) 72132 CT Lumbar Spine w/Dye (1 unit). Based upon the total relief documented in the medical records of this patient's pain following sacroiliac injections, the reviewer finds that it is illogical to assume at this juncture that this pain is now discogenic in origin. The MRI scan that was performed and made available for review reveals bulging discs at L4/L5 and L5/S1 with a statement of a possible herniation at the L5/S1 level. Evidently the physician previously considered these to be normal findings for his age, particularly in view of the extremely successful SI joint blocks. It is for this reason that the previous adverse determination is upheld.

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)