Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 3/10/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of a discography, lumbar, radiological supervision and interpretation.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewing physician is a Medical Doctor who is board certified in Orthopedic Surgery and has been practicing for greater than 15 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a discography, lumbar, radiological supervision and interpretation.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:
DO
MD, PA

These records consist of the following (duplicate records are only listed from one source): Records from Dr.: Patient information screen print; Back Institute request for Discogram/CT, COPE letter-9/5/07, & Followup notes-12/6/07 – 11/16/06; Dr. Initial History and Physical-1/16/08; MRI Group-MRI of lumbar spine w/o contrast-7/3/2007 & 2/14/07; -Electrodiagnostic results-2/14/07; Neuro

EMG, PA report-10/14/06; Health System MRI of thoracic spine report-7/22/05 & MRI of Cervical Spine-7/22/05; Dr. -Procedure notes-8/2/07, Radiographic Interpretation-8/2/07.
Records: Denial Letter-1/18/08 & 1/31/08; MRIoA external review report-1/18/08 & 1/31/08.Dr. preauthorization request-1/16/08 & Initial History and Physical-1/16/08.
Records from Dr.: Dr. Peer to Peer Medical Review-11/28/07 & Preauthorization request-1/16/08 & Initial History and Physical-1/16/08.

A copy of the Official Disability Guidelines was not provided for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a xx-year-old man involved in a work related accident on xx/xx/xx. He was struck on the head by a heavy weight. The patient underwent an L5-S1 laminectomy and discectomy in 2007 (with previous surgery at L5-S1 in 1999) with periodic improvement, but lumbar pain and bilateral left pain to ankle is present now.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The reviewer states that according to the Official Disability Guidelines, multilevel discograms, more than two levels, are not medically appropriate. Studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value. Pain production was found to be common in non-back pain patients, pain reproduction was found to be inaccurate in many patients with chronic back pain. Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification.

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)**