

Applied Resolutions LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 05/04/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar discogram with post-CT scan.

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

M.D., 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)

Upon independent review the reviewer finds that the requested lumbar discogram with post-CT scan is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained an injury on xx/xx/xx while working as a for I.S.D. Apparently the claimant is xx years of age and 5 feet 3 inches tall and weighs about 172 pounds. Past history includes cesarean section and hysterectomy about twenty years ago. She smokes a pack of cigarettes a day. At the time of the injury, she reported a sharp pain in the lower back after lifting a bucket of water. She was diagnosed initially with low back pain and sprain and treated with oral medications. She underwent diagnostic studies including EMG/NCV studies and an MRI scan of the lumbar spine. She has had physical therapy and epidural steroid injections as well as oral medications. An MRI scan available from 07/02/07 reveals degenerative disc changes at L4/L5 and

L5/S1 without neural impingement. There was no indication of underlying annular tears or instability or inflammatory modic-type changes. There was a small Schmorl's node seen at T11 and apparently some chronic buckling of the superior endplate at L4. She reached MMI on 10/15/07 with a 0% impairment rating. She apparently does not work. She reports decreased range of motion of the lumbar spine with some tenderness. She was recommended for a chronic pain program. CT scan discogram was recommended to evaluate her for possible discogenic pain syndrome. Dr. has recommended the patient continue on oral medications.

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

The use of provocative discography, according to the North American Spine Society Treatment Guidelines and its position statement on provocative discography is that its use is as a preoperative evaluation to evaluate discs that are found to be abnormal on MRI scan and potentially operable based on the MRI studies. This patient does not fall into those categories. The Official Disability Guidelines, because of the Carragee-Spine Study of 2006, specifically does not recommend discogram studies. In this particular instance, proposed discogram study would not provide any additional data for further treatment. Previous studies have not shown any nerve root compression. The use of provocative discography could only be for surgical planning for lumbar fusion. Official Disability Guidelines only recognize the usefulness of lumbar fusion in the carefully selected patient where instability is documented. The use of lumbar fusion for patients with stable degenerative changes of two or more levels has not shown support in the peer-reviewed literature. It is for these reasons that the lumbar discogram with post CT scan is not medically necessary.

**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**
NORTH AMERICAN SPINE SOCIETY POSITION STATEMENT ON
PROVOCATIVE DISCOGRAPHY
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**