

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 20, 2008 AMENDED: OCTOBER 23, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Lumbar discogram with post CT scan (72132)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.93	72132		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-19 pages

Respondent records- a total of 12 pages of records received from L.C. to include but not limited to: Letter from L.C., 10.3.08; request for records; letters 8.15.08, 9.15.08; Hospital report 5.6.08

Requestor records- a total of 68 pages of records received to include but not limited to:

request for records; records, Dr 6.8.1999-9.9.08; Hospital records 8.2.1999-5.6.08; operative report, Dr. 6.14.00-11.21.07; notes, 7.3.01; FCE 9.8.1999, 7.3.01; Physical Therapy notes 10.7.1999-4.13.01; Lumbar Myelogram with CT scan 9.21.00; MRI Lumbar spine 6.2.1999, 5.9.00

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient has had a prior L4-L5 disc excision in 1999 with a noted recurrent disc herniation in 2000. The disc recurrence was treated with interbody and posterolateral fusion at L4-L5. She had residual symptoms despite healing of her L4-L5 fusion.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

In 2008, Dr. reported her to have diffuse lumbar spine osteopenia and a myelogram CT scan was proposed. This study was completed in May of 2008 and showed L3-L4 broad-based disc protrusion lateralizing slightly to the right with noted moderate central canal stenosis at L3-L4. There was neuroforamen narrowing noted also at L3-L4, the right greater than the left. The interbody fusion at L4-L5 was without foraminal narrowing. The L5-S1 level showed mid disc bulging with mild canal stenosis. There was no reported instability. There are no objective neurological deficits.

A discography is not considered a medically necessary test per the official disability guidelines (ODG.) The rationale for the discography request is to allegedly isolate the pain generator. However, the research of Carragee (et. all) shows that the discography did not consistently define the pain generator.

The patient has not had any psychological assessment of her pain tolerance of behavior. Thus, the request for discography at L3-L4 and L5-S1 with post discogram CT scan is not validated by these records or the ODG as a medical necessity.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- XX PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (Carragee (et. all))