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Notice of Independent Review Decision

DATE OF REVIEW: September 29, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Lumbar L1-L5 discogram/CT

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of Lumbar L1-L5 discogram/CT

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance:
- Pre-authorization determination (08/21/08 – 09/02/08)

Health Care Corporation:
- Diagnostics (06/27/08)
- Office visits(08/15/08)
- Pre-authorization determination (08/21/08 – 09/02/08)

ODG used for denials

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who injured her lower back while she was moving computer equipment on xx/xx/xx. She had a similar incident in xxxx where she had injured her lower back with physical activity.

On June 27, 2008, MRI of the lumbar spine demonstrated moderate multilevel degenerative changes, large posterior disc protrusions with spondylotic ridge at L3-L4 and L4-L5, degenerative facet hypertrophy effacing the thecal sac on three sides without definitive spinal stenosis at either of these levels with minimal

encroachment upon the left L4-L5 neural foramen and lesser degenerative changes from the L1 through L4 levels.

On 15, August 2008, M.D., evaluated the patient for lower back pain. Dr. noted that the patient had been seeing Dr. for pain management, chiropractic treatment and physical therapy (PT) without much relief. The patient was unable to receive cortisone injections as it caused an allergic reaction and swelling all over her body in the past. History was positive for basal cell carcinoma of the skin, asthma, frequent pneumonia and bronchitis. Dr. assessed lumbago and multilevel degenerative disc disease and recommended provocative lumbar discography.

On August 21, 2008, M.D., denied the request for lumbar L1-L5 CT/discogram with the following rationale: "*The patient is only xx post injury and has multilevel degenerative disc disorder. The patient has not reported instability and is not a candidate for disc arthroplasty or a fusion surgery per ODG criteria. Thus the request for a discogram is not approved as a medical necessity".*

On August 29, 2008, M.D., denied the request for lumbar CT/discogram as well with the following rationale: "*There is a documented diagnosis of lumbago. A lumbar MRI obtained after the date of injury disclosed findings consistent with multiple levels of disc degeneration, per the records available for review. A physician assessment dated 08/15/08, did not document the presence of any neurological deficits. At the present time Official Disability Guidelines would not support this request as one of medical necessity. The above noted reference does not support a medical necessity for a CT scan/discogram for the described medical situation; particularly when there has been no psychological assessment with respect to determine if there are any barriers to recovery. As a result, at this time, medical necessity for this specific request is not established".*

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

The patient has multilevel degenerative disc disease, there is no evidence of a planned fusion, in addition, without instability not a likely candidate, and there has been no psychological assessment. ODG does not recommend this procedure and if one were to opt to perform a discogram despite ODG recommendations this patient does not meet the criteria as set by ODG.

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

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**