

# US Resolutions Inc.

*An Independent Review Organization*

71 Court Street

Belfast, Maine 04915

## Notice of Independent Review Decision

**DATE OF REVIEW: SEPTEMBER 12, 2008**

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Low Pressure Lumbar Discogram L4-S1

### **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 exists for Low Pressure Lumbar Discogram L4-S1.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 7/31/08, 8/12/08

ODG Guidelines and Treatment Guidelines

Letter from , 8/28/08

MD, DDE, 8/12/08

Orthopedics, 7/29/08

MD, 7/22/08, 7/3/08

X-Ray, Lumbar, 7/3/08

Diagnostics, 3/25/08

MRI, 3/12/08

BH12, 7/22/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is an injured worker, xx years of age, who has had previous cervical fusion. This worker also has had an MRI scan showing isolated L4/L5 disc protrusion at 4 mm. There are insignificant degenerative changes noted on the MRI scan films per the radiologist's review, notwithstanding the previous reviewer's denial of the discogram as being unnecessary in this man with degenerative disc disease. Even in the thoracic spine there is normal hydration and no evidence of disc degeneration. In the lumbar spine, the L3/L4 and L5/S1 discs are of normal hydration. Also, the L4/L5 disc has a 4.0 broad-based disc protrusion pressing on the thecal sac. There is noted to be mild bilateral facet arthrosis at that level and neural foraminal stenosis at that level. Other than this one level of minimal facet arthrosis, there are no other degenerative changes seen. This patient has had a BHI-2 report, which eliminates any significant psychological overlay in a rather convincing manner. The conclusion from the psychological evaluation was that this patient does not have any barriers to surgical intervention, if that should be thought to be necessary. This patient has also undergone preoperative physical therapy as well as invasive pain management. This patient has exhausted all nonoperative modalities.

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

The reviewer finds that medical necessity exists for Low Pressure Lumbar Discogram L4-S1. This reviewer believes that the necessity for this particular study is met per ODG Guidelines and North American Spine Society's Protocols for Provocative Discography.

This patient has completed the required non-operative interventions and has been documented to have good psychological functioning. There is a low anxiety scale with no problems of anxious thoughts or feelings and an unusually low, almost nonexistent level of mood difficulties. The patient apparently did not endorse any validity icons, which reduces the risk that this profile was produced by random responses. The reviewer's conclusion from the psychological evaluation was that this patient indeed does not have any barriers to surgical intervention, if that should be thought to be necessary. This patient has undergone preoperative physical therapy as well as invasive pain management.

This patient is not being operated on for degenerative disc disease but one-level disc disease. If the discogram did confirm that the L4/L5 disc was the pain generator, and if the discogram is performed according to North American Spine Society Guidelines, then this patient appears, at least from the medical records, to fall into that carefully selected group that the ODG Guidelines would call a well selected patient for discography.

The previous reviewer denied this service based upon no indication for discography in this degenerative spine. However, there is no evidence of this "degenerative spine" in the medical records that were provided for this review. Given all of the reasons stated above, the reviewer finds that medical necessity exists for Low Pressure Lumbar Discogram L4-S1.

**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: North American Spine Society's Protocols for Provocative Discography)