

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/10/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Discogram Lumbar L3-L4, L4-L5, L5-S1 (62290, 72295, 64483, 77003, 99144, 64484)

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

M.D., board certified in Orthopedic Surgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 1/15/09, 3/3/09

MD, 8/29/08, 9/29/08, 10/7/08, 12/3/08, 1/13/09, 2/11/09, 3/11/09

Operative Report, 9/17/08, 11/19/08

MRI Lumbar Spine, 1/17/08

MD, 10/2/08, 11/24/08

Evaluation Centers, 12/9/08

MD, 1/25/08

PATIENT CLINICAL HISTORY SUMMARY

This is a worker who apparently was carrying a washer upstairs when he slipped and injured his back. He has complaints of back pain, occasional shooting pain into the leg, and no numbness and tingling and weakness or neurological problems noted. He has had extensive treatment. The treating physicians have made a diagnosis of either facet syndrome or sacroiliac joint syndrome apparently with a positive sacroiliac joint block. Current request is for discogram with post discographic CT scan to evaluate predominantly axial pain.

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

According to the records provided, this is a patient who is considered a candidate for a lumbar fusion, and hence, the request for provocative discography. However, based on the ODG Guidelines, to become a candidate for fusion in the presence of what has been called degenerative disc disease and for the annular tear and disc protrusion on his MRI scan, he would need to demonstrate evidence of instability. This would be to satisfy the criteria under the ODG Treatment Guidelines, which have been statutorily mandated in the State of Texas. Based on the medical records provided, there is no evidence of instability shown. Hence, the adverse determination for discography cannot be overturned. The reviewer finds that medical necessity does not exist for Discogram Lumbar L3-L4, L4-L5, L5-S1 (62290, 72295, 64483, 77003, 99144, 64484).

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)