

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/12/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Low Pressure Lumbar Discogram at L4-5 and L5-S1: Post Disco CT

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, 7/9/09, 7/14/09, 7/23/09

Operative Report, 12/30/08

MD, 6/18/09, 5/28/09, 2/19/09, 1/5/09, 12/17/08, 11/11/08,

MD, 5/29/09

MD, 12/1/08

DO, 10/20/08

Medical Centers, 8/11/08

Spine, Chapter 16, Diskography, 2006

Spine, Chapter 9, Imaging: Discography, MD

Diagnostics, 6/18/09, 5/28/09, 2/19/09, 12/17/08, 11/11/08

BHI2, 2/19/09

MRI Lumbar Spine, 8/29/08

MRI Left Knee, 8/29/08

Operative Report, 11/11/08

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who was injured on xx/xx/xx and has had conservative care including physical therapy and epidural steroid injection. He manifests back pain with

radiculopathy. He has an unrelated knee issue that has resolved with arthroscopic surgery. The patient has had a psychological evaluation that clears him as a candidate for surgery. He has had an MRI scan, which reveals at L4/L5 a 3-mm to 5-mm disc protrusion with tear in the posterior annulus fibrosus centrally and at L5/S1 a 4-mm to 4.8-mm disc protrusion touching the thecal sac. The previous reviewer denied this per ODG Guidelines.

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

Based upon the review of the medical records, it is this reviewer's opinion that this request does, in fact, satisfy the criteria within the ODG Guidelines. There is back pain of at least three months, which is the case in this instance, failure of conservative care including active therapy, which is also the case, MRI scan demonstrating one or more degenerative discs with a normal-appearing disc for internal control, which is also the case, satisfactory results of a detailed psychological assessment, which is also the case, patient briefed on the potential risks and benefits of discography and surgery, and single level testing with control. All of the above appear to be satisfied by the medical records. The ODG criteria have been satisfied for its performance. It is for this reason that the previous adverse determination has been overturned as the ODG Guidelines are statutorily mandated, and the medical records and the provider have, in fact, fulfilled the criteria within those guidelines under the second mentioned above, "Patient Selection Criteria for Discography if Provider and Payer Agree to Perform Anyway." The reviewer finds that medical necessity exists for Low Pressure Lumbar Discogram at L4-5 and L5-S1: Post Disco CT.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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