

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 02/17/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar discogram with CT scan at L3, L4, and L5

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
724.4	72265		<i>Prosp.</i>						<i>Overturn</i>

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 01/06 & 01/23/2009, including criteria used in denial.
3. CT scan 12/29/08
4. Psychological screening 12/29/08
5. Orthopedic consultation 12/08/08 and follow up 01/05/09.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a xx-year-old male who sustained a work-related injury on xx/xx/xx. He was moving a very large pipe when it fell, hitting him on the right side of his body and rolled down the lateral aspect of his leg. It knocked him in such a way that he sprained his lumbar spine. He has no documented pre-existing pain or problems with the low back or leg pain.

After the injury he had low back pain and bilateral leg pain. He was treated conservatively with extensive physical therapy and epidural steroid injections. Imaging studies demonstrated stenosis, and he was eventually referred to a spine surgeon for continued low back pain and leg pain, left worse than right. MRI scans and CT myelograms demonstrated stenosis at L4/L5 and L5/S1, as well as disc dysfunction at those levels and anterolisthesis at the L5/S1 level with a pars defect at L5. Decompression and fusion has been recommended, and he is a surgical candidate based on presurgical psychological screening. Because of the degenerative nature of L4/L5, a lumbar discogram at L3/L4, L4/L5, and L5/S1 has been requested as a preoperative surgical planning tool. This has been denied by the insurance company as medically unnecessary.

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

This patient is certainly a surgical candidate for lumbar spinal fusion. The patient does have instability at the L5/S1 level. Preoperative imaging studies demonstrate disc dysfunction at L4/L5, as well. It would be very informative to see if the L3/L4 level has any provocative pain, and a discogram would be a good way to assist in planning these surgical fusion levels. This would give more confidence going into this complex spine fusion, particularly on a Workers' Compensation patient. As such, the requested discogram and CT scan are medically reasonable and necessary in the preoperative workup of this patient.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THIS 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.) OKU Spine