

NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION
Workers' Compensation Health Care Non-network (WC)

DATE OF REVIEW: 02/11/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Low pressure lumbar discogram L-4-L5, L5-S1

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

Texas State Licensed MD Board Certified Orthopaedic 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to 01/26/2009
 2. Texas Dept of Insurance notice of assignment of IRO 01/26/2009
 3. Confirmation of Receipt of a Request for a Review by an IRO 01/22/2009
 4. Company Request for IRO Sections 1-8 undated
 5. Request For a Review by an IRO patient request 01/22/2009
 6. appeal denial letter 01/20/2009
 7. denial by physician advisor 01/07/2009
 8. Peer review 11/22/2005, 08/31/2005, 06/10/2003, 01/23/2001
 9. UR nursing notes 01/06/2009 – 01/20/2009
 10. Texas form 09/13/2001
 11. , Orthopedic Knowledge Update Spine pg 81-84; 143-144
 12. Procedure order 01/05/2009
 13. Enhance interpretive report 09/26/2008
 14. Medical note 09/26/2008, 07/30/2008, 04/23/2008, 01/30/2008, 11/08/2007, 08/20/2007, 04/27/2007, 01/26/2007, 09/14/2006, 08/28/2006, 03/17/2006, 12/16/2005, 12/09/2005, 08/26/2005, 07/11/2005, 06/27/2005, 02/18/2005, 02/05/2004, 01/05/2004, OP report 11/19/2003, 11/05/2003, 10/30/2003, 10/27/2003, OP report 10/15/2003, Letter 10/08/2003, 09/25/2003, 09/18/2003, OP note 09/03/2003, 07/31/2003, 06/09/2003, 04/10/2003, 02/03/2003, 11/07/2002, NCS 10/17/2008, 10/14/2002, 04/08/2002, Consult 04/22/2002, prescription 04/04/2002, 01/28/2002, 01/03/2002, 12/10/2001, 11/05/2001, 09/24/2001, Impairment Eval 09/12/2001, 09/05/2001, 08/23/2001, 08/14/2001, prescription 08/14/2001
 15. Surgery reservation sheet 08/06/2008
 16. CMT & ROM report 09/26/2008, 07/30/2008, 04/23/2008, 11/27/2006, 12/16/2005
 17. MRI lumbar spine 01/16/2002, 11/18/1999
 18. Labs 09/20/2001
- ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

This patient was involved in an accident on xx/xx/xx. He subsequently had axial low back pain. He has had a plethora of treatment, including physical therapy, medication, back education, etc. An MRI has been previously carried out. This shows signal changes with a small subligamentous disk herniation at the L5-S1 level. Other levels are reportedly normal. He has had a BHI evaluation. This has not shown any abnormal psychopathology. The treating physician has requested discograms. The purpose of the discograms is to confirm that his symptomatic level is the L5-S1 level and to have a control level at L4-L5.

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

Using information presented at the North American Spine Society and the recent American Academy of Orthopedic Surgeons and using orthopedic knowledge updates, this man is a candidate for a lumbar discography and the adverse determination should be overturned.

This man has failed all attempts at nonoperative management. His only pathology, as noted on MR scanning, is at the L5-S1 level. This patient is the ideal candidate for discography both at L4-L5 and at L5-S1. Understand that in the past there has been some question about the Official Disability Guidelines and the issue of discography. The Official Disability Guidelines accept that discography may be useful in certain situations in which patients are being considered for surgery.

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)