

CORE 400 LLC
240 Commercial Street, Suite D
Nevada City, California 95959

DATE OF REVIEW: FEBRUARY 5, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical Discogram/CT C4-5, C6-7

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

M.D., 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 does not exist for Cervical discogram/CT C4-5, C6-7.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 12/18/08, 1/8/09
ODG Guidelines and Treatment Guidelines
MRI cervical spine, 3/18/03
Office notes, Dr., 1/4/08, 02/20/08, 04/16/08, 06/23/08
Office note, Dr., 8/26/08
Office note, Dr., 10/20/08, 11/19/08
Psychological evaluation, 12/12/08
UR denials, 12/18/08, 01/08/09
Request for IRO, 1/19/09

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year old right hand dominant xxxx employed as a xxxx. She was injured on xx/xx/xx. She subsequently underwent anterior cervical discectomy and fusion at C5-6 in 1999. Treatment noted medications and therapy. Neck pain gradually returned right side greater than left with occasional right arm pain. The claimant had good relief from a facet joint injection in January of 2007. Rhizotomy on the right at C3, C4, and C5 in March of 2008 provided no significant relief. Dr. saw the claimant on 08/26/08 in consultation. A previous facet and medical branch block was not beneficial. X-rays reportedly noted loss of normal lordosis with good disc height in the joints adjacent to the fusion level and no instability on flexion /extension. An updated MRI reportedly noted a broad based disc osteophyte complex without definite neural compromise and no neural compromise at C6-7.

Exam findings noted motor, sensory, and reflex testing intact to both upper extremities. The impression was chronic cervical pain and right shoulder radicular pain. A cervical discogram at C4-5 and C6-7 was recommended to rule out adjacent problems.

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

The requested cervical discogram cannot be justified based on the information provided. ODG notes that cervical discogram studies are not recommended. Even in the non-recommendation setting, the patient does not meet appropriate ODG criteria. The claimant's previous MRI did not show definite neural compromise and the claimant therefore is not clearly a surgical candidate. ODG notes that discography has been condemned in recent studies as a preoperative indicator for cervical fusion. For these reasons the requested cervical discogram cannot be justified based on the information provided and current ODG guidelines. The reviewer finds that medical necessity does not exist for Cervical discogram/CT C4-5, C6-7.

Official Disability Guidelines Treatment in Worker's Comp, 2009 Official Disability Guidelines, 14th edition, Neck and Upper Back

Not recommended. Conflicting evidence exists in this area, though some recent studies condemn its use as a preoperative indication for IDET or Fusion, and indicate that discography may produce symptoms in control groups more than a year later, especially in those with emotional and chronic pain problems.

Patient selection criteria if discography is to be performed, requiring ALL of the following:

- Neck pain of 3 or more months
- Failure of conservative method of treatment
- Satisfactory results from psychosocial assessment (discography in subjects with emotional & chronic pain has been associated with reports of significant prolonged back pain after injection, and thus should be avoided)
- Should be considered a candidate for surgery

Should be briefed on potential risks and benefits both from discography and from surgery. (Colorado, 2001)

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)