



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision

DATE OF REVIEW: 01/24/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Thoracic discogram, with contrast @ T7/T8, T8/T9, T9/T10.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the spine-injured patient

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)

Primary Diagnosis Code	Service Being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
721.42	99144		Prosp.						Upheld
721.42	62291		Prosp.						Upheld
721.42	72285		Prosp.						Upheld

INFORMATION PROVIDED FOR REVIEW:

1. Independent Review forms
2. TDI assignment forms
3. Denial letters, 12/31/08 and 12/10/08, including criteria used in denial.
4. Discogram prescription, 12/03/08
5. Clinical notes, 11/12/08, 02/13/08, 01/23/08, and 11/14/07
6. Operative reports, 09/22/08 and 01/07/08
7. MRI scan reports, 06/04/08 (thoracic spine) and 10/04/07 (lumbar spine)

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This male suffered a straining/twisting injury while loading heavy objects on xx/xx/xx. He suffered a combination of thoracic and lumbar spine straining injury and has had both lumbar and thoracic spine symptoms. There have been no symptoms or physical findings suggestive of radiculopathy. The treatment of his painful symptoms having included activity modifications, medications, physical therapy, and epidural steroid injections. Symptoms of myofascial pain and muscle spasm persist in the thoracic spine. Plain x-rays and a thoracic spine MRI scan confirm a picture compatible with degenerative disc disease of the thoracic spines. There is no nucleus pulposus encroaching on the spinal canal documented on MRI scan.

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

The prior denials appear to be appropriate. The denials were as a result of considerations in the ODG Guidelines 2009, Back Pain, Discogram passages, which clearly state the discogram is not a recommended

study. It is only considered when the patient appears to be a specific candidate for surgical procedures. This patient does not appear to be a candidate for a surgical procedure. There is no evidence of neural compromise. Discogram is not a study supported by the ODG Guidelines. The prior denials were appropriate and should be upheld.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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, 2009, Low Back Chapter, Discogram passage
- 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.)