

# Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038  
972.906.0603 972.255.9712 (fax)

---

## Notice of Independent Review Decision

**DATE OF REVIEW:** JANUARY 5, 2009

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed Lumbar CT discogram w/ fluoroscopy L3-S1

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
unk	Lumbar CT discogram w/ fluoroscopy L3-S1		Prosp	1					Overturned

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-14 pages

Respondent records- a total of 281 pages of records received from FOL to include but not limited to: FOL letter 12.18.08; report, Dr. 11.24.08; HDi letters 7.3.08, 9.18.08, 10.31.08; Request for an IRO forms; records, Dr. 7.29.08-10.28.08; report 9.5.08; MRI L-spine 4.22.08; NCV/EMG study 5.14.08; note 7.7.08; 6.26.08-10.2.08; DWC 73 forms; notes 3.24.08-4.14.08; , notes 4.24.08-12.1.08; note 6.30.08; report, Dr. 7.30.08

Respondent records- a total of 24 pages of records received from HDi to include but not limited to: record, Dr. 10.24.08; report . 9.5.08; MRI L-spine 4.22.08; NCV/EMG study 5.14.08; note 7.7.08;

Requestor records- a total of 15 pages of records received to include but not limited to: records, Dr. 6 7.29.08-10.28.08

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This gentleman has a history of multilevel disc disease and DJD. He has developed progressive and increased back pain with mild radicular complaint. He has completed 2 epidural steroid injections. There was a previous request for a discogram but the reviewing physician felt that a facet injection should be completed first. The facet injection gave less than 10% relief for several days.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

Now they are requesting the definitive diagnostic evaluation previously overturned based on ODG Guidelines and some research including research in 2005 and others. These indicated that the use of discography to determine surgery outcome was poor, but that the ability to improve diagnostic information was good and also that the use of discography with CT was good in determining intradiscal procedures. It also states that if there is not good science that the medical standards of the region can prevail. In this case, medical standards of the region will prevail because the science is still incomplete regarding this issue. Therefore, the requested Lumbar CT discogram with fluoroscopy is overturned.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
  
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES