

## Notice of Independent Review Decision

### PEER REVIEWER FINAL REPORT

**DATE OF REVIEW:** 1/16/2009

**IRO CASE #:**

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

62290: Injection procedure for discography, each level; lumbar

72133: Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from Southwestern Medical School at the University of Texas Health Science and completed training in Orthopaedics at the University of Texas Health Center. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 7/9/1993 and currently resides in TX.

**REVIEW OUTCOME:**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

62290: Injection procedure for discography, each level; lumbar Upheld

72133: Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Clinical note dated 01/09/2009
  2. Notice of assignment by dated 12/29/2008
  3. Clinical note by MD dated 12/31/2008
  4. Clinical note by MD dated 12/17/2008
  5. Clinical note by MD dated 12/16/2008
  6. Clinical note dated 12/01/2008
  7. Clinical note dated 11/25/2008
  8. Final outpatient report dated 11/03/2008
  9. Clinical note by MD dated 10/21/2008
  10. Clinical note by MD dated 10/10/2008
  11. Clinical note by MD dated 10/02/2008
  12. Clinical note by MD dated 09/23/2008
  13. MRI lumbar spine without contrast by MD dated 09/13/2008
  14. Nerve conduction velocity study by MD dated 09/09/2008
  15. Clinical note by MD dated 08/26/2008
  16. IRO request form dated 12/23/2008
  17. Request form dated 12/22/2008
  18. Adverse determination letter by RN dated 12/08/2008
  19. Adverse determination letter by RN dated 12/19/2008
  20. Review of case assignment by dated 12/29/2008
  21. Clinical note dated 01/05/2009
  22. Review organization by dated 12/29/2008
  23. Adverse determination letter by RN dated 12/08/2008
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Name: Patient\_Name

24. Clinical note dated 12/04/2008
25. Adverse determination letter by RN dated 11/06/2008
26. Pre authorization request form dated unknown.
27. Clinical note dated 11/25/2008
28. Clinical note by MD dated 10/02/2008
29. Clinical note by MD dated 10/21/2008
30. Clinical note by MD dated 10/10/2008
31. Clinical note by MD dated 09/23/2008
32. MRI lumbar spine without contrast by MD dated 09/13/2008
33. Nerve conduction velocity study by MD dated 09/09/2008
34. Clinical note by MD dated 08/26/2008
35. Adverse determination letter by RN dated 12/19/2008
36. Clinical note dated 12/11/2008
37. Pre authorization request form dated unknown.
38. Clinical note dated 12/01/2008
39. Clinical note dated 11/25/2008
40. Clinical note by MD dated 10/02/2008
41. Clinical note by MD dated 10/21/2008
42. Clinical note by MD dated 10/10/2008
43. Clinical note by MD dated 09/23/2008
44. MRI lumbar spine without contrast by MD dated 09/13/2008
45. Nerve conduction velocity study by MD dated 09/09/2008
46. Clinical note by MD dated 08/26/2008
47. Clinical note by dated 12/31/2008
48. Notice of assignment by dated 12/29/2008
49. IRO request dated 12/23/2008
50. Request form dated 12/22/2008
51. Adverse determination letter by RN dated 12/08/2008
52. Adverse determination letter by RN dated 12/19/2008
53. Results dated 12/23/2008
54. Anesthesia record dated 06/26/2007
55. Clinical note by MD dated 04/18/2007 to 09/21/2007 multiple dates
56. Clinical note by MD dated 04/11/2007
57. MRI of the lumbar spine by MD dated 09/18/2007
58. MRI of the lumbar spine without contrast by MD dated 04/13/2007
59. Clinical note by MD dated 06/26/2007
60. Clinical note by MD dated 05/29/2007
61. Clinical note by MD dated 05/24/2007
62. Clinical note by MD dated 05/14/2007
63. Medical record review by MD dated 11/06/2007
64. Work status report dated 10/22/2007
65. Prescription note dated 08/29/2007
66. Report of medical evaluation dated 09/27/2007
67. Clinical note by MD dated 10/08/2007
68. Medical narrative by MD dated 09/27/2007
69. Work status report dated 03/28/2007
70. Soap note by MD dated 03/28/2007
71. Soap note by MD dated 03/28/2007
72. History and physical by MD dated 02/28/2007
73. History and physical dated 02/28/2007
74. History and physical by MD dated 02/28/2007
75. History and physical dated 02/28/2007
76. Work status report dated 02/28/2007 and 03/28/2007
77. Soap note by MD dated 03/28/2007
78. History and physical by MD dated 02/28/2007
79. History and physical dated 02/28/2007
80. Work status report dated 02/28/2007 and 12/16/2008
81. Clinical note dated 11/25/2008 and 12/01/2008
82. Clinical note by MD dated 10/02/2008
83. Clinical note dated 11/25/2008
84. Work status report dated 11/25/2008

Name: Patient\_Name

85. Anesthesia record dated 06/25/2007
86. Clinical note by MD dated 05/29/2007 and 06/26/2007
87. Anesthesia record dated 05/29/2007
88. Clinical note by MD dated 05/24/2007
89. Clinical note by MD dated 05/14/2007
90. Clinical note by MD dated xx/xx/xx
91. MRI lumbar spine without contrast by MD dated 09/13/2008
92. Clinical note by MD dated 10/10/2008
93. Clinical note by MD dated 10/02/2008
94. Work status report dated xx/xx/xx
95. Clinical note by MD dated 10/02/2008
96. Clinical note by MD dated 09/23/2008
97. Clinical note by MD dated 09/23/2008
98. Clinical note by MD dated 06/26/2007
99. Clinical note by MD dated 05/29/2007
100. Clinical note by MD dated 05/09/2007
101. Clinical note by MD dated 05/14/2007
102. Clinical note by MD dated 05/24/2007
103. Clinical note by MD dated 05/24/2007
104. Clinical note dated 05/29/2007
105. Clinical note by MD dated 04/11/2007
106. Clinical note by MD dated 10/22/2007
107. Clinical note by MD dated 11/26/2007
108. Clinical note by MD dated 09/21/2007
109. Clinical note by MD dated 06/26/2007
110. Clinical note by MD dated 04/18/2007
111. Nerve conduction velocity study by MD dated 09/09/2008
112. Clinical note by MD dated 08/26/2008
113. The ODG Guidelines were not provided

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a xx year old male who suffered an injury when a heavy door fell on him. He is status post 2 previous lumbar surgeries. An MRI performed in xx/xx/xx showed L4-L5 epidural fibrosis and a broad central extrusion at L5-S1. He complained of continued back pain.

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

The injured worker is a xx year old male whose date of injury is reported as xx/xx/xx, at which time a heavy door fell on him. The records indicate the patient is status post prior discectomies x 2 at L4-5 performed in 05/07 and 06/07. MRI of the lumbar spine performed in 09/08 was noted to report post op changes with right hemilaminectomy at L4-5 with possible mild epidural fibrosis, broad central extrusion at L5-S1. The injured worker has ongoing complaints of back pain. Electrodiagnostic testing performed on 09/09/08 showed only a slight prolongation of the distal latency of the left peroneal nerve, and the study otherwise was completely normal.

Clinical examination noted the injured worker to be 6 feet tall and 158 pounds. The neck was supple without masses or lymphedema or lymphadenopathy. There was no pain or tenderness to palpation or percussion in the posterior cervical, cervical occipital, cervico, thoracic, or thoracolumbar spine. There was some discomfort with palpation at the lumbar, lumbosacral, and sacral iliac area. There was no pain with palpation in the left and right upper extremity, left right lower extremity, or the left and right greater trochanter. Range of motion of the lumbar spine was markedly limited in forward flexion, extension, right and left lateral bending, and right and left lateral turning. The injured worker was not able to walk on heels and toes. The remainder of the motor examination revealed 5/5 motor strength. Sensation was intact to light touch except for decreased in the plantar aspect of the right foot, lateral aspect of the left foot, and bilaterally in the medial aspects of both feet. Deep tendon reflexes were 1/4 in the right patellar compared to 2/4 on the left. Achilles reflexes were 1/4 bilaterally. Babinski reflexes were downgoing bilaterally. Straight leg raise was noted to be positive bilaterally in a seated position at approximately 70 degrees and in supine position approximately 50 degrees. Forced flexion of the lumbar spine in the lateral supine position did not cause any significant pain or discomfort with twisting to right or left. The injured worker had no signs of instability in the cervical, thoracic, or lumbar spine, left and right upper extremities, or left and right lower extremities.

The assessment was that the injured worker's pain was probably associated with the L4 disc. The injured worker was recommended to undergo discographic evaluation to determine a definite treatment plan. The initial request was evaluated on 11/06/08 and determined as not medically necessary. The reviewer noted that discography is not recommended by ODG. An adverse determination letter dated 12/08/08 noted that the injured worker is a smoker,

Name: Patient\_Name

which is a relative contraindication in fusion surgery. The injured worker is also noted to have disc pathology at L4-5 and L5-S1, and was not a candidate for disc replacement surgery. The reviewer noted the injured worker was not a candidate for discography per ODG criteria. A reconsideration letter dated 12/19/08 indicated that lumbar discography with CT scan was not medically necessary, noting that ODG does not support the use of discography as a preoperative indication for either IDET or spinal fusion. I concur with the previous denials of the request for lumbar discography and post discogram computer tomography as it does not meet the criteria required by the ODG. Therefore, the previous denial is upheld.

**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
- X 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)

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