

SENT VIA EMAIL OR FAX ON
Feb/02/2009

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/28/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Thoracic discograms @ T7-8 and T8-9 and Post CT Scan

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

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Operative Report: 09/30/02 x 2

Office Note, Dr. 07/09/08, 08/27/08, 09/24/08 and 12/16/08

Bone Scan Report: 07/30/08

MRI Report: 07/30/02

CT Report: 09/09/08

Office Note, Dr. 09/11/08 and 10/10/08

Psychiatric Evaluation; 10/17/08

Peer Review: 10/31/08

Letter: 12/12/08

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a reported injury on xx/xx/xx while lifting the hood of an 18 wheeler and he twisted his torso. Initial treatment records were not provided for review. The claimant apparently treated with medications including Medrol and cervical epidural steroid

injections. Thoracic MRI evaluation on 01/04/02 noted small to moderate right disc protrusion at T7-8 and acute broad based to right disc herniation at T8-9. Electrodiagnostic studies completed on 03/18/02 were reportedly normal. The claimant underwent T7-8 and T8-9 anterior discectomy and fusion on 09/30/02 with intraoperative findings of degenerative disc disease and good decompression of the spinal cord. The claimant treated with postoperative bracing. The claimant had ongoing complaints of pain and muscle spasm that were treated with medications including narcotic analgesia, physical therapy, chiropractic modalities and Botox. The claimant returned to care on 07/09/08 for increased symptomatology. Reference was made to a motor vehicle accident on an unknown date and the claimant was noted to be using snuff. Dynamic radiographs on 07/09/08 noted T8-9 fusion with T7-8 suggestion of pseudoarthrosis. Physical examination demonstrated left rib pain with extension and rotation; positive left chest wall compression; numbness along the left T6, T7 and T8 dermatomes; and normal reflex and strength findings. A bone scan on 07/30/08 was unable to determine if pseudoarthrosis was present. Thoracic MRI evaluation performed on 07/30/08 noted anterior fusion at T8-9 and T9-10; multilevel degenerative changes; small right protrusion at T7-8 and T8-9; and no significant central canal or foraminal stenosis. CT study of the thoracic spine completed on 09/09/08 noted multilevel degenerative disc disease; status post osseous anterior fusion at T7-8 and T8-9; and slight S shaped scoliosis. The claimant started to treat with pain management on 09/11/08 and utilized Ibuprofen, Tylenol, Hydrocodone and Neurontin. Dr. reviewed the CT and MRI studies on 09/24/08 and felt interbody fusion was appreciated at T7-8 and T8-9 with multilevel degenerative changes worse at T9-10, T10-11 and T11-12. Recommendation was made for discogram evaluation at T7-8 and T8-9 as the claimant was considered a surgical candidate. A psychiatric evaluation was conducted on 10/17/08 with indication the claimant was a good surgical candidate. Recommendation continued to be made for thoracic discogram.

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

The requested thoracic discogram, T7-T8 and T8-T9 with post discogram CT scan is not medically necessary based on review of this medical record. It would appear from the medical records that there has been a previous mid thoracic operation with two level fusion, although it is not clear from these medical records exactly what level is fused. The 07/09/08 office visit of Dr. indicates x-rays documenting T7-T8 and T8-T9 surgery, but the 07/30/08 MRI documents T8-T9 and T9-T10 surgery. There is a CT scan of the thoracic spine that documents fusion at T7-T8 and T8-T9 and does not document new disc herniation or incomplete fusion and there is a bone scan that is non-diagnostic. Apparently, a discogram has been ordered by Dr. who believes it is necessary to confirm the medical necessity of fusion. While ODG guidelines document the use of discograms in certain patients, it also goes on to note that its ability to improve surgical outcome has yet to be proven. If, in fact, Dr. is thinking about proceeding with thoracic spine surgery to deal with a non-union, then that diagnosis is made with a thin cut CT scan and not with a discogram and it is not clear exactly what information a discogram is going to offer in this case. Therefore, the requested discogram multilevel thoracic spine is not medically necessary.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates; Neck and Low Back- Discogram

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)