

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/07/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Discogram pressure low L3/S1

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

Office Visit, Dr. , 04/23/08

Statements of Medical Necessity for CMT and ROM testing, 09/29/08, 11/18/08

Orthopedic Knowledge Update, Spine 3, 2006, Chapter 16, Diagnostic and Therapeutic Spinal Injections, pages 143-144

Orthopedic Knowledge Update, Spine, pages 82-84

Scheduling Sheet, 04/10/08

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a xx year-old male who was struck in his left knee at the lateral aspect by a forklift on xx/xx/xx causing him to twist his back and fall onto boards. He treated for back pain referred to the left lower extremity and left knee joint pain and was diagnosed with lumbar radiculitis, internal derangement of the left knee, lumbar sprain, lumbar disk herniation at L4-5, medial meniscal tear of the left knee and left knee medial collateral ligament sprain. A lumbar MRI on 01/03/08 showed disc space narrowing at L4-5 with remaining disc spaces and all vertebral body heights adequately maintained. There was dehydration of the L4-5 disc. The remaining lumbar discs were adequately hydrated and the bone marrow was within normal limits. At L1-2, L2-3 and L3-4 there was no disc bulge, herniation or neural foraminal

narrowing. At L4-5 there was a posterior 3 millimeter disc protrusion/herniation pressing on the anterior thecal sac with no neural foraminal narrowing. At L5-S1 there was no disc bulge, herniation or neural foraminal narrowing. The conus terminates at the L1 level and was within normal limits. X-rays of the lumbar spine on 01/03/08 showed 5 non-rib bearing lumbar vertebral bodies. There was no fracture or subluxation. The disc spaces were preserved. The pedicles were intact. Electrodiagnostic studies on 02/07/08 showed evidence of a subacute denervation process that involved the distal left L5-S1 peroneal innervated myotome without proximal association to the corresponding lumbar nerve root level in the absence of a paraspinal exam. These findings, along with NCV evidence of right peroneal motor conduction block, were consistent with bilateral peroneal motor mononeuropathy. The level of compromise was clear on the right at the fibula head and likely the same or at the knee on the left. There was no significant evidence of generalized peripheral neuropathy, proximal neural insult/radiculopathy or neuromuscular junction disease. On 02/29/08 he underwent a partial medial and lateral meniscectomy of the left knee, chondroplasty of the medial femoral condyle and removal of loose body.

He was noted to have treated with therapy for his back pain and medications. At the 04/10/08 visit with Dr. he reported a loss of libido, lower abdominal pain and testicular pain, greater on the left with leg weakness, irritability and depression. On examination there was spasm in the low back. He walked by placing most of his weight on the right side. He took weight off the left leg where he had surgery. He could not squat and had difficulty getting on his toes and heels. He had a positive straight leg raise on the left, 4/5 extenso hallucis longus and evertor weakness, 1+ ankle reflexes and decreased pinprick on the left at L5-S1. By the 09/29/08 visit with Dr. he had received 2 lumbar epidurals but still had quite severe pain including left hip, back and left knee pain with numbness of the left leg and buckling of the knee. On examination he was barely able to put any weight on his left leg and used a cane, reflex examination was difficult on the left due to his guarding, especially in the patella, but he had 1 plus patella reflex on the right. Achilles reflex appeared to be 1 plus on the left, straight leg raise was markedly positive on the left, there was diminished sensation along the left leg to the foot along the S1 distribution and weakness around the left knee.

Dr. performed a designated doctor evaluation on 10/08/08 at which time there was persistent radiating low back pain into both lower extremities, greater on the left and worsened left leg numbness since 06/08. Dr. felt that the claimant would benefit from non-surgical lumbar spinal decompression with a device. A psychological evaluation on 10/09/08 indicated that his mild symptoms should not preclude his candidacy for surgery. The 11/18/08 examination noted decreased lumbar motion, back pain with straight leg raise, symmetric reflexes, strength and sensation. Dr. stated that the claimant walked with a cane primarily due to his left knee pain. A diskogram was recommended, but denied on two reviews. This request is currently under dispute.

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

The imaging studies in this case would suggest some minor aging change of the disc. In general, no good indications for spinal fusion have been identified. Discography has been requested. Per the ODG guidelines discography is not recommended. Discographic results have not been proven to be a consistent and reliable indicator of fusion success.

The Reviewer would not recommend the performance of a discographic study in this case.

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)