

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/30/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Discogram/CT Lumbar

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

Board Certified Neurologist

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

PATIENT CLINICAL HISTORY SUMMARY

On xx/xx/xx Mr. injured his back from a fall. Details of the injury are not available. Medical records show a successful lumbar laminectomy at L4-5 20 years ago . The major complaint since the recent injury low back pain and neck pain. EMG does not reveal a neurologic deficit in the upper or lower extremities. Imaging studies show previous laminectomy, facet arthritis and degenerative disk disease. Treatment notes reveal lack of sleep, depression, frustration over lack of improvement of pain, and poor exercise tolerance. Detailed exam does not show neurological deficit.

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

This patient has neck and back pain with no objective evidence for nerve root compression. His surgeon opines the need for diskogram prior to additional back surgery. However, there are multiple other causes for pain in this case that should be addressed before a surgical procedure should be considered. Lack of sleep, depression, degenerative arthritis, possible poor nutrition (significant weight loss secondary to depression), and deconditioning may all be contributing to pain to a greater or lesser degree. In any case discography is not an indicated procedure. Modic changes on MRI correlate with diskograms.* In addition false positive results occur 25% of the time**. The ODG does not recommend this procedure.

*Modic changes on MR images as studied with provocative diskography: clinical relevance--a retrospective study of 2457 disks. Thompson KJ, Dagher AP, Eckel TS, Clark M, Reinig JW. Radiology. 2009 Mar;250(3):849-55.

** [Low-pressure positive Discography in subjects asymptomatic of significant low back pain illness.](#) Carragee EJ, Alamin TF, Carragee JM. Spine. 2006 Mar 1;31(5):505-9.

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)