

I-Decisions Inc.

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (207) 338-1141
Fax: (866) 676-7547
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/17/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar CT Discogram L3-L5 (76005, 72295, 72132, 62290)

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

M.D., board certified in Orthopedic Surgery

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

1. Adverse Determination letters, 05/13/09, 06/11/09
2. Letters from law firm, 07/01/09
3. Employer's First Report of Injury, xx/xx/xx
4. Radiology, 02/05/98
5. MRI scan of lumbar spine, 02/25/98, 08/07/00
6. Pain Center, 04/13/98, 05/14/98
7. Lumbar epidural steroid injection number one, 04/21/98, and number three, 05/27/98
8. Epidural blood patch, 05/06/98
9. 06/04/98, 03/29/99
10. Right-sided sacroiliac joint blocks, 06/16/98
11. M.D., 12/02/98
12. evaluation, 02/22/99
13. M.D., 08/30/00, 09/27/00, 10/09/00, 02/13/01, 03/13/01, 04/02/01, 08/24/01, 12/11/01, 07/25/02, 05/06/03
14. CT scan of lumbar spine, 10/05/00
15. M.D., 11/07/00
16. M.D., 11/15/00

17. M.D., 01/03/01
18. Surgical pathology report, 02/01/01
19. Caudal epidural installation number one, 08/09/02
20. Caudal epidural number two, 08/29/02
21. Caudal epidural number three, 09/24/02
22. Lumbar facet blocks, L3/L4, L4/L5, and L5/S1 on the right side, 10/30/02
23. Radiology, 10/06/03
24. Dr. M.D., 10/13/03, 10/20/03
25. Dr. M.D., 02/10/04, 02/24/04, 03/18/04, 04/16/04, 05/13/04, 07/06/04, etc.
26. Lumbar spine MRI scan, 02/02/04
27. Lumbar epidural steroid injection, 03/15/04, 05/07/04, 06/25/04
28. Lumbar myelogram, 08/10/05
29. EMG, 10/20/05
30. Peer Review, 09/26/06
31. 12/07/06
32. 04/12/07, 06/14/07, 07/12/07, 08/30/07
33. MRI scan of lumbar spine, 06/26/07
34. Physical Therapy, 08/06/07
35. Interim history and physical, 11/09/07
36. Dr. 09/08/08
37. Orthopedic and Spine, 07/07/09
38. Dr. 05/14/09
39. F.N.P, 06/02/09
40. ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker injured on xx/xx/xx. She is a xx-year-old female with low back pain. She has had various medications, Darvocet, Celebrex, Ultracet, Zanaflex, Lidoderm patch, Neurontin, analgesics, muscle relaxants, and nonsteroidal anti-inflammatory medication. She has had epidural facet blocks with only short-term improvement as mentioned by previous reviewers. She has a soft disc herniation without infection or annular tear seen at L4/L5. The request is for discogram and post discographic CT scan.

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

Based upon the North American Spine Society's Protocol for discography as well as ODG Treatment Guidelines, this claimant does not meet criteria for discogram with post discographic CT scan. Guidelines require that the discogram should be related to a disc that is clearly shown to be a surgical candidate on non-discographic imaging studies and is used to eliminate disc protrusion rather than to discover one. It is for this reason, i.e., that this request does not conform to ODG Disability and Treatment Guidelines as mandated by the State of Texas, nor does it correspond to clinical recommendations, i.e., the North American Spine Society Protocols on Use of Provocative Discography, this reviewer is unable to overturn the previous adverse determination. The reviewer finds that medical necessity does not exist for Lumbar CT Discogram L3-L5 (76005, 72295, 72132, 62290).

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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

North American Spine Society Protocol for Provocative Discography