



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 07/05/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

CT discography, lumbar spine, multiple levels

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. denial letters, 06/10/09 and 05/28/09
2. Request for IRO
3. , psychological interview, 05/18/09
4. Notes from Back Institute, Dr. and Dr., 05/08/09
5. Radiology report from Back Institute, 05/08/09
6. Letter from Back Institute, 05/08/09
7. Followup note, 04/24/09, Dr., Back Institute
8. Followup note, Dr., Back Institute, 03/19/09
9. Initial consultation, Dr., Back Institute, 01/29/09
10. MRI scan of lumbar spine, Imaging, 01/13/09
11. L4 selective nerve root injection operative report, Dr. 03/06/09
12. Left L3 selective nerve root injection, Dr., 03/20/09
13. Paper from Journal regarding lumbar discography
14. Carrier records, multiple copies of the same records from Back Institute and the denial letters

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient had a previous lumbar spinal fusion at the L1/L2 level, reinjured his back, and presented with chronic back and left leg pain. Previous MRI scan showed some stenosis at the left L3/L4 level with diffuse disc abnormalities. The patient was sent to Dr. for surgical opinion and consultation. Dr. recommended a CT scan as well as discography to see whether or not the patient would be a candidate for surgery. If the patient were to have multiple disc complaints with discography, he would probably not recommend multiple lumbar fusion for surgical management. The test has been denied by the insurance company as medically unnecessary.

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

My decision to approve this is specific to this patient. Lumbar discography at multiple levels with multiple levels of degeneration noted on MRI scan could correlate with his symptoms if there were only one symptomatic lumbar disc correlating with the neural foraminal stenosis, back, and leg pain, and this patient could benefit from a limited lumbar spinal fusion and decompression. If, however, there were diffuse complaints, surgical management and particularly fusion would not be indicated, and this would be helpful in moving this case forward. Therefore, based on the known literature on lumbar discography as well as his limitations, I believe that the requested diagnostic testing is medically reasonable and necessary in this case.

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

(Check any of the following that were used in the course of your review.)

- 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.
- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.) OKU Spine