

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/29/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Diskogram at L4-S1 with CAT Scan

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, 06/25/09, 07/07/09
2. Spine and Sports, 05/29/09
3. Medical Center Trauma Center, 10/03/08
4. Patient records, 10/03/08
5. Back, 04/29/09
6. M.D., 05/06/09, 02/11/09, 12/31/08, 11/05/08
7. R.N., 05/06/09
8. D.C., 01/22/09, 01/15/09, 01/08/09
9. Hospital, 01/22/08
10. M.D.
11. Lumbar spine, two views, 10/03/08
12. Laboratory report, 10/03/08
13. MRI scan of the lumbar spine without contrast, 10/20/08
14. ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who was injured on xx/xx/xx with complaints of low back pain without radiculopathy. He has had various treatments that were conservative in nature including selective nerve sleeve blocks. He has had various other evaluations. An MRI scan was noted by the treating physician to show some Modic changes at L5/S1, but there was no

indication whether these were type 1 or type 2 Modic changes. There was noted to be 1 mm of flexion extension instability at L4/L5 with several millimeters of fixed retrolisthesis. There was also noted to be some facet arthropathy on the right at the lowest motion segment. Medication included prednisone, Xanax, Prozac, and Lyrica. Current request is for discography with post CT scan.

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

Based on the Official Disability Guidelines and Treatment Guidelines, this patient does not manifest the necessary criteria to be a fusion candidate, and hence a discogram would not be indicated. There is no instability present, in particular. The MRI scan is rather benign based upon both the radiologist's review and the treating physician's review. Whether or not the Modic changes are inflammatory or not has not been indicated. In this particular case, the patient does not meet the ODG criteria for a lumbar fusion, and hence, a discogram in this instance would not be indicated either, as this is a pre-fusion study. It is for this reason the previous adverse determination cannot be overturned. The reviewer finds that medical necessity does not exist for Lumbar Diskogram at L4-S1 with CAT Scan.

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)