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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jul/13/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar Discogram and CT Scan, L3/L4, L4/L5, L5/S1

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines and Treatment Guidelines
Office notes, Dr. 01/15/09, 02/09/09, 03/03/09, 04/08/09
MRI lumbar spine, 02/04/09
DDE, Dr. 04/07/09
FCE, 04/24/09
Dynamic testing, 04/24/09
Office notes, Dr. 05/13/09, 05/21/09, 06/02/09
Note, 06/10/09, 06/18/09
Fax, 06/10/09

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female who on xx/xx/xx was carrying a 75-pound box and tripped over another box, causing her to fall. Her history was significant for tension headaches, anemia, chronic obstructive pulmonary disorder, bipolar disorder, smoking, drug use and obesity. Dr. saw the claimant on 01/15/09 for chronic low back pain, primarily in the lumbar spine and lower left sacroiliac area worse with back flexion and extension and twisting movements. She was doing a transcutaneous electrical stimulation unit and water therapy, but was hurting more. She was taking Darvocet, Advair HFA, Lyrica, Cyclobenzaprine, Toradol and Benadryl. The examination noted pain to palpation over the left lumbar paraspinal muscles, and left parasacral muscles. Bilateral patellar reflexes were 2/4, left Achilles ¼ and right

Achilles 2/4. Straight leg raise was positive. Chronic low back pain was diagnosed. A lumbar MRI on 02/04/09 revealed a small bulging disc at L3-4 and a very small central herniated disc at the L4-5 and L5-S1 disc spaces. There were no significant areas of spinal stenosis.

On 02/09/09 the claimant presented to Dr. with an acute exacerbation of low back pain radiating to the thighs, calves and feet. She was taking the above noted medications as well as Hydrocodone/Acetaminophen. Lumbar L4-5, L5-S1 spinous interspace and right paraspinal muscle tenderness and superior iliac spine pain and back tenderness were noted. Sensation, reflexes and strength were normal. On 03/03/09 she was referred to a chronic pain specialist.

Dr. performed a designated doctor evaluation on 04/07/09 noting low back pain, worse on the left and radiating with tingling, pins/needles and symptoms to the left lower extremity to the foot and into the toes. Her symptoms were with coughing and sneezing. She also had right knee pain with weakness into the lower leg to the feet and toes. The claimant was noted to have had prior low back symptoms similar to her current symptoms, but was symptom free at the time of the accident. He noted a history of spondylolisthesis exacerbated by the injury. No light duty work was available. There was decreased motion with increased symptoms with abnormal muscle function including spasms and/or muscle guarding. She had increased symptoms when returning to neutral upright position from a flexed position. Bowstring was positive and bilateral SI joints and posterior superior iliac spine joints were tender and painful. Lumbar intervertebral disc disorder without myelopathy, lumbar sprain/strain and contusion of both knees were diagnosed. Dr. did not feel she was at maximum medical improvement and felt she was able to work light duty based on her functional capacity evaluation of 04/17/09.

Dr. saw the claimant again on 04/08/09 and was taking Advair, Lyrica, Hydrocodone/Acet, Cyclobenzaprine, Benadryl, Zyrtec and Chantix. There was pain over the lumbar and sacral regions, normal sensory and strength and limited active motion with flexion. A functional capacity evaluation on 04/24/09 noted her current physical demand level of light. Her job required medium level. Dynamic testing on 04/24/09 showed abnormal muscle function and physiology in cervical and lumbar spinal area by abnormal and/or altered functional muscle movement patterns during trunk flex. There is evidence to support she has guarding of bilateral paraspinal muscles in lumbar spinal musculature. These findings support her subjectivity and her clinical findings including pain during lumbar spinal motions. This also documented asymmetry of motion in lumbar spinal region. There are physical and functional related muscle deficits that could adversely affect her ability to safely and effectively perform her regular work duties.

On 05/13/09 the claimant presented to Dr. for low back pain bilateral lower extremity buttock, hips and thigh pain greater on the right with stiffness, spasm, radicular bilateral leg pain and weakness of the upper and lower leg and foot despite physical therapy and chiropractic care. Anxiety and depression, mood swings and difficulty concentrating were noted. The examination noted pain to palpation over bilateral lumbar paraspinal muscles and bilateral superior iliac crest, limited active motion, normal sensory and reflexes, and normal strength except right quadriceps strength which was 4/5. Bilateral Kemps, bilateral straight leg raises and Faber's were positive. Lumbar spondylarthritis was added to her diagnoses. Ultracet, Mobic and bilateral L4-S1 facet medial nerve blocks were recommended. On 05/21/09 bilateral L3-4, L4-5 and L5-S1 facet median nerve blocks were given. At the 06/02/09 visit the claimant reported that the nerve blocks did not help any, but felt it increased her pain above the injection site. She was also very irritable. The examination noted normal palpation of the bony posterior spinous processes, sacral spine, iliac crest, posterior iliac spine and coccyx without soft tissue abnormality. There was limited active motion, normal sensation, reflexes and strength. Bilateral Kemp's tests were positive. Discogram at L3-4, L4-5 and L5-S1 with CT was recommended. This was denied on 2 reviews and the request is currently under dispute.

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

This reviewer assessed the available medical records and would concur with the peer reviews of 06/10/09 and 06/18/09 that based on ODG guidelines, this claimant is not a candidate for a discography.

The important fact is that records indicate this claimant has a history of a bipolar disorder. There is no documentation of a psychosocial assessment. Discography is not indicated based on ODG guidelines for back pain of a chronic nature. The reviewer finds that medical necessity does not exist for Lumbar Discogram and CT Scan, L3/L4, L4/L5, L5/S1.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates, (i.e. Low Back-Discography)

Discography is Not Recommended in ODG

Patient selection criteria for Discography if provider & payor agree to perform anyway

o Back pain of at least 3 months duration

o Failure of recommended conservative treatment including active physical therapy

o An MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection

o Satisfactory results from detailed psychosocial assessment (discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided

o Intended as a screen for surgery, i.e., the surgeon feels that lumbar spine fusion is appropriate but is looking for this to determine if it is not indicated (although discography is not highly predictive) (Carragee, 2006) NOTE: In a situation where the selection criteria and other surgical indications for fusion are conditionally met, discography can be considered in preparation for the surgical procedure. However. all of the qualifying conditions must be met prior to proceeding to discography as discography should be viewed as a non-diagnostic but confirmatory study for selecting operative levels for the proposed surgical procedure. Discography should not be ordered for a patient who does not meet surgical criteria

o Briefed on potential risks and benefits from discography and surgery

o Single level testing (with control) (Colorado, 2001)

o Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)