

Notice of Independent Review Decision

**DATE OF REVIEW:** 06/25/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumber discography.

**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:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
724.2	99145		Prosp						Upheld
724.2	99144		Prosp						Upheld
724.2	72132		Prosp						Upheld
724.2	72100		Prosp						Upheld
724.2	Q9966		Prosp						Upheld
724.2	62290		Prosp						Upheld
724.2	72295		Prosp						

**INFORMATION PROVIDED FOR REVIEW:**

1. Case assignment.
2. Letters of denial 05/11/09 & 06/02/09, including criteria used in the denial.
3. Reports, procedure notes, evaluations & MRI report 07/01/08 – 12/19/08.
4. Psychological evaluation 02/26/09.
5. Procedure notes 01/26/09 and spine surgeon's evaluation 04/29/09.
6. Request for reconsideration 05/26/09.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This is a patient who was working her job on xx/xx/xx, when she suffered an injury that resulted in low back pain.

The patient was treated appropriately with physical therapy, analgesics, Norco, Lyrica, and Paxil. Her physician returned to light duty. However, the patient returned to work full duty at her discretion and continued to work. Physical therapy was undertaken and ordered by the treating physician and with somewhat good results of having the chief complaint of diminished low back pain by approximately 70% from the records. The right lower extremity foot numbness was tolerated but still present, according to the records. At no time was there any indication of atrophy of any of the musculature of the right lower extremity or deep tendon reflexes diminishing or absence. The female worked until approximately 07/11/08, basically doing full duty and having some help with the medication and physical therapy regimen.

An exacerbation of her symptomatology resulted on approximately 07/11/08. She was moving a patient in a bed and in the process of pushing had what seemed to be an exacerbation. The patient was subsequently released from her job description on 07/17/08. She was not able to do light duty, and it was felt there was no light duty for her, and, therefore, she was released. Studies performed on 07/10/08 apparently showed a bulging disc, no rupture, and minimal entrapment, which was questionable by the radiologist.

She was subsequently seen on 07/25/08 by the surgeon. Basically, she was found to have no real conclusions of needing surgery. She was subsequently sent to pain management where three epidural steroid injections were subsequently performed with minimal success.

An EMG/nerve conduction study was performed, which was deemed inconclusive but did demonstrate possible S1 joint issues. A CT scan myelogram of the lumbar spine followed the EMG/nerve conduction studies, and it basically showed an L4/L5 bulge, which was non-operative, with bilateral recess effacement and questionable mild compression of L5/S1 on the right side greater than the left. Mild degenerative changes were also noted at the sacroiliac joint. Sacroiliac joint injections resulted in with 70% improvement in her back and buttocks, as well as in the posterior thigh area.

On 01/26/09 the patient had an L5/S1 epidural and right S1 joint injection repeated. This helped her for a while and then unexpectedly a month later, approximately at the end of February 2009, she had an insidious exacerbation.

On 03/12/09 the patient was referred for chiropractic decompressive therapy, which was carried out until 04/21/09. This chiropractic treatment gave no improvement. The patient basically was being evaluated for possible surgical intervention but saw an Independent Medical Examination physician who basically had no conclusive suggestions from the records. The records indicate that the patient states that Dr. \_\_\_\_\_ suggested a microdiscectomy, but there was no indication that it was really written down, apparently. The patient was placed on some medication as she had been on previously. At this time it was felt that apparently they had no real clear-cut indication for surgery but wanted to do a discogram to see if that would help out.

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

It is my determination to sustain the adverse determination for discography. The literature clearly states that discography is not to be used as a stand-alone exam to indicate surgery in any form or fashion. Whether it is positive or negative has varying results and opinions. Discography basically should only be done when there is clear-cut indications clinically for surgery and possibly if a questionable fusion would help, then discography may help in some form or fashion to rule out the need for fusion. That is what the literature substantiates, which I am reiterating. I feel that the discography is not needed based on medical evaluation on the chart and the information given to me.

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

- 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 judgment, 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.)