SENT VIA EMAIL OR FAX ON
Jun/10/2009

True Resolutions Inc.

An Independent Review Organization
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DATE OF REVIEW:
Jun/03/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar discography L-3-4; L4-5

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Neurologist with 30 years experience in clinical practice

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
OD Guidelines
Denial Letters 5/4/09 and 4/10/09
Dr. 2/6/09 thru 3/16/09
Positive Outlook Counseling 3/26/09
Facet Joint Steroid Block 2/23/09
MRI 2/6/09

PATIENT CLINICAL HISTORY SUMMARY
On xx-xx-xx, Mr. injured his back. Details of the injury are not available. Medical records are available to review from xx-xx-xx. History obtained at that time showed 5 back surgeries were performed ending in 1998. After the last surgery, “he did great” and was lost to follow up for 10 years. Back pain has gradually returned. Detailed exam does not show neurological deficit, paraspinal tenderness or positive straight leg raise. Lumbar spine flexion is 70 degrees. Obesity with a BM! Of 31.8 is noted. An MRI on February 6, 2009 revealed degenerative changes at L3-4 and L4-5 with a mild disk bulge at L3-4. Contrast enhancement of the inferior facet of L4 most likely was thought degenerative in nature. A facet block on February 23, 2009 transiently relieved leg but not back pain. Physical therapy was improving his endurance to some degree.

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

This patient has recurrent low back pain with no objective evidence for nerve root compression. His activities over the intervening 10 years are not documented. Has he returned to work? If not, why not? (After all, he was doing great.) If so, what was he doing? Has he kept his back fit during this period? Has he recently gained weight or has it been stable? Is nutrition adequate? Is sleep normal or does he toss and turn at night? Answers to these questions may shed light on the cause of recurrent back pain. In any case discography is not an indicated procedure. Modic changes on MRI correlate with diskograms.* In addition false positive results occur 25% of the time**. The ODG does not recommend this procedure.

*Modic changes on MR images as studied with provocative diskography: clinical relevance--a retrospective study of 2457 disks. Thompson KJ, Dagher AP, Eckel TS, Clark M, Reinig JW. Radiology. 2009 Mar;250(3):849-55

** Low-pressure positive Discography in subjects asymptomatic of significant low back pain illness. Carragee EJ, Alamin TF, Carragee JM. Spine. 2006 Mar 1;31(5):505-9.

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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