

US Decisions Inc.

An Independent Review Organization
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DATE OF REVIEW:

Jun/30/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Cervical Discogram C3-4, C6-7 followed by a CT (62291, 72285, 72126)

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

ODG Guidelines and Treatment Guidelines

Determination letters, 04/27/09 and 05/15/09

Back Institute, 05/08/09

Prior Notice of Decision from IRO, 04/03/09

Initial interview, 09/22/08

M.D., 03/19/09, 12/18/08, 10/23/08, 09/25/08, 08/28/08

M.D., 01/13/09, 08/26/08, 10/20/08

CT scan of the brain, 03/26/08

MRI scan of cervical spine, 03/24/08

04/08/08

D.C., 04/21/09, 05/26/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male with neck pain radiating into the shoulders and arms after he jumped up and struck his head on a doorframe. He has decreased range of motion of the cervical spine and a positive Spurling's test and apparently bilateral weakness in the biceps. He was injured on xx-xx-xx. He has undergone injections, conservative care, MRI scan, and psychological evaluation, which shows he would be a suitable candidate for surgery and for discography. Current request is for cervical discography. A previous IRO recommended provocative discography prior to surgical intervention.

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

While discography is not recommended on a general basis by the ODG Guidelines, Dr. has, in fact, explained why it should be performed in this patient's case, as has a previous IRO reviewer. Dr. request conforms to the Spine Society's Physician Statement on Provocative Discography. In this particular case, given that anterior cervical fusion for these types of complaints is still the standard of care, the use of discography is reasonable and necessary in this particular instance. Notes indicate the procedure is being requested to determine not if the surgery is indicated but rather the extent of the surgery required. Hence, it conforms to the ODG criteria that the pain generators be clearly identified prior to consideration of surgery. It is for these reasons that the previous Determination has been overturned. The reviewer finds that medical necessity exists for Cervical Discogram C3-4, C6-7 followed by a CT (62291, 72285, 72126).

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)

North American Spine Society's Physician Statement on Provocative Discography