



DATE OF REVIEW: 04/26/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Cervical discogram.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spinal degenerative disease

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. ZRC forms
2. Fax IRO submission, 04/08/09
3. TDI forms
4. Denial letters, 03/13/09, 03/20/09
5. Requestor records
6. Clinical notes, 03/06/09, 01/30/09
7. Psychosocial screening exam, 03/03/09
8. Dr. clinical note, 08/27/08
9. Procedure orders, 03/10/09
10. Medical literature Spine No. 3, 2006, Chapter 16, Discography, pages 143-144, Spine No. 2, page 81-83, Spine, Chapter 9
11. Texas Medical Board Bulletin, Fall, 2007, Volume V, No. 1
12. results, 03/03/09
13. Fax transmittal, 02/16/09
14. Assessments for clinical and psychological use, website
15. Surgery reservation sheet

16. X-ray reports of cervical, lumbar spine, and left knee from Therapy and Diagnostics, 01/30/09
17. Imaging MRI scan, left knee, 03/24/08
18. X-rays of the left knee, 03/24/08
19. EMG/nerve conduction studies, 11/13/07 and 11/27/07
20. MRI scan of the cervical and lumbar spines, 10/03/07
21. Left hip and left femur x-rays, 08/23/07
22. Operative report, epidural steroid injection, 05/22/08
23. URA records
24. 04/10/09
25. Preauthorization decision and rationale, 03/13/09
26. Quick View, 03/17/09
27. Summary and denial letters, 03/20/09, and the rationale, M.D.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate male presents with multiple complaints of axial neck pain, left knee pain, and low back pain as a result of an injury suffered on xx/xx/xx. Apparently while riding a tractor performing grass mowing, the tractor fell over, and the patient was thrown into a twelve-foot ditch. He was evaluated by a number of physicians for multiple complaints. The current evaluation centers on a request for the performance of a cervical discogram as part of a preoperative evaluation for a possible anterior cervical discectomy and fusion.

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

EMG/nerve conduction study in 11/07 revealed bilateral L5 radiculopathy and carpal tunnel syndromes. The patient has undergone cervical epidural steroid injections. He has had treatment with physical therapy and multiple medications including nonsteroidal anti-inflammatory medications, chronic pain medications, and muscle relaxant medications. X-rays failed to reveal evidence of instability. The patient is being considered for an anterior cervical discectomy and fusion for the treatment of cervical spine degenerative disc disease with symptoms refractory to nonoperative treatment. He has undergone a psychosocial screening examination revealing no psychological barriers to relief of symptoms. The request has been denied on two prior occasions. The provider has responded with considerable literature to justify the use of discography as well as an Action Report from the Texas State Board of Medical Examiners reporting the failure of a particular physician to obtain discography prior to performing spinal disc surgery, which was felt to be inappropriate and warranting action by the Texas State Board of Medical Examiners. The ODG also provides for an option to perform discography in spite of the fact that it is not specifically recommended by their Editorial Board.

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

(Check any of the following that were used in the course of your review.)

- 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 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.) Texas State Board of Medical Examiners Action Report, Fall 2007, Volume V, No. 1