



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
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medworkiro@charterinternet.com  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION*

**DATE OF REVIEW: 11/18/2009**

**IRO CASE #:**

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

Discogram with CT L2/3, L3/4, L4/5

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Texas State Licensed MD Board Certified Orthopaedic Surgeon & Spine Surgeon

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to Medwork 11/02/2009
2. Notice of assignment to URA 11/02/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 10/29/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 10/29/2009
6. letter 10/27/2009, 10/13/2009
7. Fax rqst for appeal 10/18/2009 & 10/08/2009, script orders, patient profile, CPMP note 10/05/2009, radiology report 09/14/2009, medical note 09/14/2009, 06/17/2009, 05/27/2009, procedure report 04/16/2009, radiology report 04/16/2009, H&P 03/31/2009
8. Articles: Contemporary Concepts in Spine Care Lumbar Discography from SPINE & Lumbar discography from The Spine Journal
9. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**

The claimant had a work related injury in xxxx and has since been having back problems. This patient underwent four previous operations, two spinal fusions a spinal cord stimulator implant and an explant. The patient continues to have pain. This is despite the fact that he has an implanted spinal cord stimulator. A request has been made for discogram with CT L2/3, L3/4, L4/5.



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### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Official Disability Guidelines' criteria indicate that discography is not recommended for this claimant's condition. The determination is upheld. Within the documentation reviewed, the appeal request, there is a statement regarding the North American Spine Society Physician's Statement on Proactive Discography from the physician in support of the denied request. In the guidelines of the North American Spine Society Physician's Statement on Proactive Discography it is not found that a discography is recommended for use in the presence of a previous fusion or in the presence of previous disc surgery.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- 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)

1. North American Spine Society Physician's Statement on Proactive Discography