

Notice of Independent Review Decision

DATE OF REVIEW: 9/17/2009
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar discogram with post CT scan at L3-4, L4-5, and L5-S1

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from John Hopkins University School of Medicine and completed training in Orthopaedics at John Hopkins University School of Medicine. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since July 2000 and currently resides in TX.

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)

Lumbar discogram with post CT scan at L3-4, L4-5, and L5-S1 Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Case assignment by , dated 8/28/2009
2. Independent review organization by Author unknown, dated 8/27/2009
3. Fax page dated 8/27/2009
4. Review organization by Author unknown, dated 8/22/2009
5. Letter by Author unknown, dated 8/13/2009
6. Letter by Author unknown, dated 7/30/2009
7. Pre authorization decision and rationale by Author unknown, dated 7/30/2009 and 8/13/2009
8. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a female who injured herself while at work. A diagnosis of thoracic and lumbar strain without significant and consistent evidence of lower extremity radiculopathy was assigned. She underwent extensive conservative treatment as well as epidural steroid injections. A lumbar MRI demonstrated a 2-3 mm herniated disc at L4-5 and a 3 mm disc protrusion at L5-S1, as well as disc desiccation at both levels. A lumbar discogram with post CT scan at L3-4, L4-5, and L5-S1 was requested.

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

The request for lumbar discography with post CT scan at L3-4, L4-5 and L5-S1 is not supported by the submitted clinical information. The available medical records indicate that the injured employee initially sustained an injury to her low back as the result of catching a child on playground equipment. She subsequently has reported low back pain with radiation into the bilateral lower extremities. It is reported that she has received conservative treatment consisting of oral medications, epidural steroid injections and later in the course of her treatment, physical therapy. The record indicates that the injured employee has degenerative findings at both L4-5 and L5-S1 as well as a disc herniation at L4-5 and protrusion at L5-S1. There is a suggestion that the injured employee may be a candidate for artificial disc replacement; however, per FDA inclusion criteria, individuals with 2 levels of degenerative disease are not considered candidates for artificial disc replacement. It is additionally noted that the injured employee has not undergone lumbar flexion and extension radiographs and therefore, there is no evidence of instability of the lumbar spine. Noting that the injured employee is not a surgical candidate, the requested lumbar discography would not be supported by current evidence based guidelines. It is further noted that the ODG requires that individuals who are to undergo lumbar discography be referred for pre operative psychiatric evaluation to address any potentially confounding issues which may skew the results of this controversial study. Based upon the totality of the submitted medical records, the previous determinations are upheld and the lumbar discography is not medically necessary.

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 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)