

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Discogram / CT Lumbar

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC 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

OD Guidelines

Denial Letters 7/27/09 and 8/12/09

8/28/09

6/8/09 thru 7/7/09

3/19/09 thru 7/7/09

MR Lumbar Spine 3/4/09

OP Report 5/8/09 and 4/7/09

Progress Notes 12/1/08 thru 3/6/09

PATIENT CLINICAL HISTORY SUMMARY

This xx-year-old woman was injured on xx/xx/xx. She did not improve with PT and steroid injections. The MRI of 3/4/09 showed disc protrusions at L4/5 and L5/S1 without nerve root compression or facet hypertrophy. She did not improve with epidural injections. Her EMG did not demonstrate any evidence of a radiculopathy. There was no instability found on routing flexion and extension x-rays. She had significant psychological stressors and received counseling in preparation for the discogram. She was reported taking more pain medication

than prescribed (7/7/09). Ms. feels she is psychologically a candidate for a discogram. Dr. and Dr. feel the discogram at L4/5 and L5/S1 is necessary to identify the pain generator.

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

This lady has back pain, but the pain generator has not been identified. The ODG specifically does not recommend discography. The American Pain Society Guidelines published in May 2009 in the journal Spine also do not recommend provocative discograms. No information was provided to argue for a variance from the guidelines. Although the ODG opposes the discogram, especially with psychological issues, it can be accepted on rare circumstances. The Reviewer's medical assessment is that the medical records reviewed do not identify the variances.

The American Pain Society provided Evidence Based Clinical Practice Guidelines written by Chou and all **“Interventional Therapies, Surgery, and Interdisciplinary Rehabilitation for Low Back Pain”** published in Spine, May 2009/
“Reccommendation 1. In patients with chronic nonradicular low back pain, provocative discography is not recommended as a procedure for diagnosing discogenic low back pain.”

ODG-- Discography

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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