



DATE OF REVIEW: 09/17/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Lumbar discogram

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients who have suffered spine problems

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. TDI referral forms
3. Denial letters dated 07/23/09 and 08/25/09
4. URA records including fax cover sheets
5. Consultation, M.D., 06/18/09
6. Letter, 07/16/09
7. Undated appeal request
8. TWCC 69, 08/04/09
9. Designated Doctor Evaluation, 08/04/09
10. Functional Capacity Evaluation
11. Clinical notes, 08/06/09 and 04/08/09
12. X-ray reports, lumbar spine with flexion and extension laterals, 04/08/09
13. MRI scan, lumbar spine, 04/06/09 and 10/07/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a female who suffered a fall at work when a rolling chair came out from under her, and she had a “sit down prat fall.” She suffered lumbar spine pain. An MRI scan revealed a large synovial cyst, and she was treated with an L5/S1 laminectomy decompressive surgical procedure. Postoperatively she has suffered low back pain and right leg pain. She is felt to be a candidate for spine fusion, and a lumbar discogram has been requested. The request has been considered and denied and reconsidered and denied.

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

The ODG 2009 Low Back Chapter Discography passage clearly states that discography is not a recommended study. There is insufficient specificity and sensitivity such that false positive studies are likely to occur, and positive studies are likely to occur postoperatively. The evidence-based information does not support the performance of lumbar discography.

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.)