



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 09/17/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Discogram.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering 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. SWF forms
2. TDI referral
3. Legal letter, 08/28/09
4. Denial letters, 08/10/09 and 08/26/09
5. Requestor records
6. Clinical notes 08/11/09, 06/15/09, 06/01/09
7. EMG/nerve conduction study, 06/15/09
8. URA records
9. M.D.'s registration
10. Clinical notes, 07/14/09
11. Pain evaluation, 04/14/09
12. Family medicine notes, 04/14/09
13. Letter of medical necessity, 02/17/09
14. Epidural steroid injection, 03/08/09
15. Demographics, 02/19/09
16. Incomplete MRI scan of the lumbar spine, 04/16/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who suffered a lifting muscular straining injury on approximately xx/xx/xx. His symptoms are primarily low back pain with some radiating pain into the lower extremities. He has been evaluated extensively, treated with medications and epidural steroid injections with persistence of symptoms. A discogram has been requested for diagnostic purposes. MRI scan revealed degenerative disc disease at L4/L5 and L5/S1 with conflicting information concerning foraminal stenosis. The request for preauthorization to perform discogram 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 indicates that discograms are not recommended as they are unreliable with false positives as a problem in reliability. Without consistent specificity and sensitivity, this study should not be performed. There are circumstances where patients considered candidates for surgical procedures including lumbar fusion would be considered for discograms to attempt to include all potential levels of pain generation. There is no indication that this patient is being considered for a lumbar spine fusion at this time.

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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Cervical Spine Chapter, Discography passage.
- 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.)