

# Pure Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/10/2009

**IRO CASE #:**

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

Discogram with CT L3, L4/5, L5/S1 to include treatment codes 62290 X 3, 72295 X 3, and 72132

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

Board Certified Orthopedic 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Office note, Dr. , 08/28/08

Office note, Dr. , 01/05/09

MRI lumbar spine, 03/31/09

Radiology report, Dr. , 05/07/09

Evaluation, Dr. , 07/17/09

Review, Dr. , 07/28/09

Review, Dr. , 08/05/09

Notes from , 07/28/09, 08/06/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a xx year-old female who slipped and fell on a wet floor, landing on her back on xx/xx/xx. Dr. saw the claimant on 08/28/08 for generalized low back pain radiating down both legs, but a little bit greater into the left and right leg all the way down her legs in a radicular fashion despite therapy and epidural steroid injections. It was noted that an MRI, date not given showed a focal minimal broad-based disc protrusion at L5-S1 with extension

into the left side at the L5-S1 neural foramen and minimal disc bulges at L3-4 and L4-5. Dr. felt quite certain the L5-S1 disc area was her main area of concern and would need lumbar fusion. The examination showed positive straight leg raise on the left with back and radicular pain and less of a straight leg raise on the right. Reflexes and strength were normal. Dr. felt that the claimant needed appropriate surgical treatment, that further conservative treatment would not do her any good. He recommended a multi-level lumbar discogram.

Dr. saw the claimant on 01/05/09 for ongoing low back pain radiating down the posterolateral aspects of her legs with numbness and tingling in the distal lateral aspects of her legs. She felt that epidural steroid injections had helped with her leg pain. It was noted that x-rays of the lumbar spine from 04/18/07 showed loss of lumbar lordosis; an MRI from 01/16/07 showed disk bulging at L3-4, L4-5 and L5-S1, disk protrusion at L5-S1 into the left neural foramina and facet arthrosis at L3-S1; and that EMG studies from 2007 showed right L4-S1 radiculopathy. The claimant was taking Micardis, Cymbalta, Hydrocodone, Flexeril, Lipitor and Xanax. Her history was significant for depression and nicotine addiction. Review of systems noted urinary incontinence. The examination showed tenderness to palpation over the lumbosacral facets, decreased extensor hallucis longus on the right, decreased eversion and inversion on the right, subjective decreased sensation in the bilateral heels and bilateral medial foot regions, reflexes of 1 plus at the patella and Achilles bilaterally. Multilevel bulging discs, disk protrusion L5-S1, radiculopathies on EMG at L4-S1 and pain with lumbar facet arthrosis were diagnosed. Continuation of Lortab was advised and Lidoderm patches and smoking cessation were advised.

A lumbar MRI on 03/31/09 revealed mild degenerative changes at L4-5 and L5-S1. There was no acute fracture or subluxation and no interval change. Dr. saw the claimant on 05/07/09 noting back pain rated 8-9 and leg pain about 5-6 despite therapy and injection. The examination showed a low back origin of her pain and pain not particularly dermatomally distributed. She was neurologically intact and had no reflex, asymmetry or long tract signs. Spinal stenosis at L4-5 and chronic back and leg pain were diagnosed. Lumbar facet injections and a diskogram with CT with further recommendation to treat stenosis with lumbar decompression were recommended. Dr. reviewed x-rays on 05/07/09 noting normal alignment anatomy; no dynamic instability and well maintained SI joint. A psychological evaluation on 07/17/09 stated the claimant appeared to be a good candidate for a discogram. The diskogram was denied by 2 reviews on 07/28/09 and 08/05/09 and is currently under dispute.

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

The MRI findings in this case are quite consistent with this claimant's age of xx years. It is unclear if facet mediated pain has been ruled in or ruled out by diagnostic injections. The ODG generally recommends against discography. The Reviewer would agree with the determination of the carrier in this case.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates, (i.e. Low Back-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)