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Notice of Independent Review Decision

DATE OF REVIEW: 9/11/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a lumbar discogram, CPT 72295.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. This reviewer has been practicing for greater than 10 years in this specialty and performs this type of procedure in his office.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a lumbar discogram, CPT 72295.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

, DO

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These records consist of the following (duplicate records are only listed from one source): Records reviewed from , DO: Follow-up Visit Note – 10/23/08-4/15/09; Procedure Note – 1/12/09-4/8/09, Initial Visit/History and Physical – 2/7/08; . ,

MD CT Lumbar Spine & Lumbar Myelogram reports – 12/1/08; , MD MRI report – 9/28/07; Star Diagnostics EMG Report – 10/30/07.

Records reviewed from – : Clinical Interview – 5/26/09, Psychological Testing report – 5/26/09.

Records reviewed from : , DO Follow-up Notes – 9/3/08-4/27/09, Initial History & Physical – 5/5/09; Pain Physician Journal 2007; 10:147-163.

Records reviewed from : Denial letters – 11/21/07-7/30/09, Approval Letters – 9/6/07-5/19/09; ODG Discography Reference; TWCC1-5/24/07; TWCC 73's; TWCC 69's; LHL009 – 8/19/09 , DO Procedure notes – 1/12/09-2/16/09, Addendum – 1/31/08; letter – 2/5/09 , RN letter – 3/10/09, 4/21/09, & 7/16/09, Email – 4/17/08; TWC Rule 134.402; TDI Advisory 2004-08; , MD Face Sheet, Initial History – 5/5/09; script – 5/4/09; script – 5/11/09; Progress Report #12 – 5/11/09, Progress Report #1 – 5/21/08, #2 – 6/20/08, #3 – 7/18/08, #4 – 8/15/08, #5 – 9/17/08, #13 – 6/10/09, Notice of Payment – 6/2/09&6/26/09, Approval Letter – 2/15/08 & 6/24/08; , MD report – 5/18/09; T credit card transaction – 5/18/09; TDI DDE notice – 10/15/08 & 6/1/09; , MD report – 11/4/08 & 6/17/09; billing – 4/21/08-6/25/09; , DO Procedure report – 11/8/07, 12/6/07, & 1/17/08, Radiographic Interpretation – 11/8/07, Follow-up notes – 10/9/07-12/15/08, Radiology Report – 10/9/07, Consultation – 9/17/07, Peer to Peer report – 11/30/07; Glenn-Mar Progress Report – 2/19/08, Closure Report – 3/19/08; Health Care Provider Network – ; , DO Procedure Report – 2/26/08; DME Receipt – 6/25/08; Injured Worker Information form – 8/24/07, Patient Profile – 8/31/07; email – 10/3/08; DWC32; Medical Equation Summary of Records – 10/30/08; Progress Report – 5/24/07-6/5/07, Chief Resident Admission Notes – 5/24/07, X-ray reports – 5/24/07-5/27/07 & 7/19/07, CT Scan – 5/24/07, Detailed billing (22 pages) – 6/11/07 & 7/26/07; Lower Extremity Addendum – 6/6/07; report – 5/24/07; Discharge summary – 5/29/07; Physical Therapy Note Summary by Patient – 6/19/07-12/31/07, Progress Evaluation – 9/26/07 & 11/2/07; Statement of Charges for Drugs and Medical Supplies – 6/21/07; billing Statement – 6/19/07; Cash email – 7/20/07-1/16/08; DRG Case Process Results – 8/1/07; Hospital History & Physical – 6/5/07; Case Processing Results – 8/9/07-1/3/08; Appeal Letter – 8/30/07; Dr. Report – 7/19/07; Transcription report & Radiology Results– 11/27/07; letter – 12/17/07; Physicians' Surgical Center Appeal Letter – 1/4/08.

Records reviewed from : letter – 8/31/09.

A copy of the ODG was provided by the URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx year old male. He was injured on xx/xx/xx when he was run over by a tractor. An MRI LSpine on 9/28/07 revealed severe multilevel spondylosis. An EMG on 10/30/07 shows severe peripheral neuropathy. A lumbar myelogram on 12/01/08 reveals decreased left S1 nerve root filling, but no noted right sided impingement. A right L5 nerve root block performed on 1/12/09 relieved the patient's right leg pain. The patient has a history of Insulin dependent diabetes and diabetic neuropathy with stocking glove numbness and lymphoma complicated by chemotherapy induced brain damage early 2009. A

second opinion from spine surgeon Dr. on 5/18/09 noted lumbar flexion/extension views with no noted instability. Facet blocks have produced no pain relief.

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

The patient has brain damage from chemotherapy with central nervous system source of ataxia, severe multilevel spondylosis, no spinal instability, severe peripheral neuropathy from diabetes, and no hope of complete lumbar pain relief with any lumbar fusion.

According to the ODG: Discography is Not Recommended in ODG.

The ODG does not support discography and therefore the proposed treatment 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)**