

# US Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/23/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Cervical Discogram with Post CT Scan

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** MD, Board Certified in 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

Adverse Determination Letters, 7/20/10, 7/27/10

Health Care Centers 8/15/07 to 9/27/07

Insurer's Activity Notes, 2007-2010

M.D. 10/29/07 to 4/14/09

Pain and Recovery Clinic 11/5/07 to 2/12/10

Imaging 8/23/07

Orthopedic & Injury 12/28/07

Clinic 12/28/07

Imaging Center 10/5/07 to 10/30/07

M.Ed. 5/20/08, 12/08/09

M.D. 10/3/08

Invasive Pain Management 10/15/08

Orthopedics 1/29/09 to 3/23/10

Orthopedic Group 2/19/09

Therapy and Diagnostic 3/23/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a female patient with chronic neck pain after a work related injury on xx/xx/xx. She was working when she was struck by a forklift on the right side of her body. Her left arm became stuck. AP and lateral views of the cervical spine revealed no evidence of fracture or subluxation. Cervical spine MRI on 10/5/07 noted partial desiccation of the disc material from C2-C3 through C7-T1. At C2-C3, no significant abnormality; at C3-C4, there is a 1.5 mm central disc bulge minimally indenting upon the cervical cord centrally. A 5mm hemangioma is noted in the posteroinferior aspect of the C4 vertebral body. At C4-5, there is a 1.5 mm central disc bulge abutting the cervical cord and no significant canal or foraminal stenosis. At C5-6 there is a 1.5 mm central disc bulge abutting the cervical cord. There is a 50% neural foraminal stenosis on the left; at C6/7 there is a 60% neural foraminal stenosis on the left. She has had physical therapy and cervical injections. According to the most recent exam notes, her radicular symptoms have resolved. She continues to have pain.

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

This request is not supported by the ODG criteria. ODG does not recommend discography. The treating physician has given no justification as to why the guidelines should not be followed in this patient's case. Based on the records reviewed, cervical discography would appear to be of no value in this case. Therefore, the reviewer finds that medical necessity does not exist for Cervical Discogram with Post CT Scan.

**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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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