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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar discography with CT scan L2-3, L3-4, L4-5 and L5-S1

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

MD, Board Certified Neurosurgeon

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

ACOEM Guidelines

Official Disability Guidelines

10/4/10, 10/21/10

Non-Surgical Orthopedic & Spine Center, P.A. 4/1/10 to 11/4/10

Back Institute 8/5/10 to 9/16/10

DO 6/1/10

Consultants in Radiology, PA 2/17/10

Rehabilitation 7/9/10

Psychological evaluation 07/09/2010

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a date of injury xx/xx/xx when he was carrying a roll of wire and tripped over a piece of wood into the ground. He has undergone PT, epidural steroid injections, and pain management. His neurological examination 11/04/2010 reveals decreased sensation in the lateral lower extremities. An MRI of the lumbar spine 02/17/2010 reveals a focal disc extrusion to the right at L2-L3. At L3-L4 there is a mild circumferential disc bulge flattening the ventral thecal sac with no canal or foraminal narrowing. At L4-L5 there is no disc abnormality seen. At L5-S1 there is a mild disc bulge flattening the thecal sac with disc material contacting the L5 nerve roots bilaterally. Electrodiagnostic testing 04/01/2010 showed bilateral L5-S1 and L2-L3 radiculopathies. A psychological evaluation 07/09/2010 did not find any contraindications to a discogram. The provider is recommending lumbar discography with CT scan at L2-L3, L3-L4, L4-L5, and L5-S1.

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

The lumbar discogram is not medically necessary. According to the Official Disability Guidelines, "Low Back" chapter, discography is "not recommended". Also, "single level testing, with control" is recommended by the ODG. In this case, multiple level testing is requested. The provider states that the discography needs to be done in order to determine the pain generator(s). However, there is evidence of radiculopathy at both L2-L3 and L5-S1, which can identify the pain generators as being from these two levels. For these reasons, then, the requested Lumbar discography with CT scan L2-3, L3-4, L4-5 and L5-S1 is not medically necessary.

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)