

SENT VIA EMAIL OR FAX ON
Dec/07/2010

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/07/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Discogram and CT Scan L3/4 and L4/5

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

MRI lumbar spine report 07/02/09

Electrodiagnostic testing report 08/27/09

Dr. procedure reports 11/17/09, 12/22/09, 05/04/10

Office notes Dr 12/28/09, 01/11/10, 04/05/10

Reconsideration request 03/08/10

CT/myelogram report 03/31/10

Dr. evaluation 08/11/10

Dr. office notes 08/30/10, 10/19/10, 11/19/10

Pre authorization requests 09/14/10, 11/04/10, 11/12/10

Mental Health Evaluation 10/27/10

Peer review reports 11/12/10, 11/19/10

Letter from claimant 12/01/10

Notice of Independent Review Decisions 10/12/09, 11/19/09, 12/11/09, 12/22/09, 01/20/10, 05/21/10, 06/14/10, 07/12/10, 08/09/10, 08/17/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a history of L4-5, L5-S1 microdiscectomy in 2002 and L5-S1 fusion on 04/28/08. Records indicate that he returned to his job in January 2009 as an

. On xx/xx/xx he was opening a door that was stuck and had the onset of low back and right leg pain. MRI of the lumbar spine on 07/02/09 showed anterior and posterior lumbar fusion at L5-S1. There was no compression of the thecal sac and the interbody graft material was well positioned. There was disc bulging at L3-4 and L4-5. An electrodiagnostic study on 08/27/09 showed evidence of right L5 nerve root irritation. Epidural steroid injections were given on 11/17/09 and 12/22/09.

Lumbar CT/myelogram was done on 03/31/10 demonstrating minimal retrolisthesis at L2-3 and L3-4 in neutral and extended positions with reduction on flexion. There was a prior L5-S1 discectomy with interbody spacer, posterior fusion with pedicle screws and rods. There was no evidence of interbody or posterior element osseous fusion. There was a small amount of lucency around the S1 right pedicle screw and no evidence of significant residual stenosis at L5-S1. At L4-5 there was moderate central canal stenosis and mild lateral recess stenosis. The myelogram demonstrated more significant stenosis with weight bearing and probable impingement on the L5 nerve root sleeves. Facet injections were given on 05/04/10.

On 08/11/10 Dr. evaluated the claimant for low back pain and right lower extremity pain which involved the buttock, lateral thigh, and lateral calf. There was numbness at the plantar aspect of the foot. The claimant had left lower extremity symptoms to a lesser degree. Medications included Flexeril and Vicoprofen. On exam the claimant was able to heel/toe walk. He had full strength; sensation was intact to light touch; however, was slightly diminished subjectively along the lateral calf of the right lower extremity. There was one to two beats of clonus and 2- patellar and Achilles reflexes. The impression was multilevel degenerative disc disease, low back pain, spinal stenosis at L4-5 central and lateral recess bilaterally, sciatica, neurogenic claudication bilateral lower extremity with predominance of right leg radicular symptoms in L5 dermatomal pattern and a concern regarding pseudoarthrosis at L5-S1. The claimant was felt to have lower extremity radicular neurogenic claudication and radicular symptoms due to severe lateral recess and central canal stenosis at L4-5. Dr. recommended revision surgery of exploration fusion L5-S1, laminectomy L4-5 and likely posterior instrumentation and spinal fusion L4 to S1. He recommended an updated MRI and flexion/extension x-rays.

On 08/30/10 the claimant saw Dr. for a second opinion. The claimant complained of right lower extremity cramping and soreness from the buttocks down to the calf and tingling to the top of the foot. On exam the claimant flexed to 15 degrees without discomfort; lateral bending revealed paraspinal spasms on the right. Extension and rotation were positive, right greater than left with pain in the ipsilateral low back. There was tenderness on the right over the area of his L5 screw and on the left over the area of his L5 and S1 screws. Reflexes were intact at the knees and diminished at the right ankle. Straight leg raise was positive right greater than left. Motor strength was 5/5. There was numbness on the right from the knee distally and most pronounced at the lateral ankle, foot and fifth toe along the nerve root distributions of L4, L5, and S1. The impression was pseudoarthrosis L5-S1; symptomatic pedicle fixation L5-S1; adjacent segment disease (central stenosis) L4-5; and possible discogenic pain L3-4, L4-5. Surgery was recommended to repair the pseudoarthrosis with decompression and fusion at L4-5. Discography was ordered to determine if the discs of L3-4 and/or L4-5 were pain generators. A mental health evaluation was done on 10/27/10 with recommendation to proceed with treatment. The discography was denied on peer review.

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

The requested L3-4 L4-5 lumbar CT discogram is not medically necessary based on review of this medical record.

This is a male who has had a previous L5-S1 fusion, and a previous L4-5 microdiscectomy. It appears from the medical record that he has significant stenosis at L4, L5 and a non union at L5-S1 and a CT discogram is being requested to determine whether or not the claimant is symptomatic at the disc levels above the L5-S1 non union. The ODG Guidelines indicate that discograms are not recommended. There are no good orthopedic literature studies indicating

that a discogram gives good predictive value of who will or will not benefit from fusion surgery. Usually fusion surgery is performed on claimants who have recurrent disc abnormality or structural instability either preoperatively or caused by operative decompression. This reviewer does not see indication for lumbar discogram as this reviewer does not believe it will give any important information in terms of making a decision as to what operative procedure should be performed. This claimant clearly has pathology at L4, L5 and L5-S1 and this reviewer's medical assessment, based on a review of the medical records, is that a discogram 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)