

SENT VIA EMAIL OR FAX ON  
Feb/09/2010

## True Resolutions Inc.

An Independent Review Organization  
835 E. Lamar Blvd. #394  
Arlington, TX 76011  
Phone: (214) 717-4260  
Fax: (214) 276-1904  
Email: rm@trueresolutionsinc.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Feb/08/2010

**IRO CASE #:**

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

Lumbar Discogram w/Post CT @ L2/3, L3/4, L4/5, L5/S1

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

**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  
Denial Letters 12/9/09 and 12/30/09  
Dr. 11/23/09 thru 1/14/10  
Radiology Reports 10/14/09 and 6/29/09  
OP Reports 10/14/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male with a date of injury xx/xx/xx, when he was pulling a line in a field and had a sudden pain in his back that worsened throughout the day. He complains of low back pain that travels to his left hip into his anterior thigh. He has had one session of physical therapy, and had more pain after this session. He is on pain medication and muscle relaxants. His neurological examination reveals slight decreased left knee reflex. An MRI of the lumbar spine 06/29/2009 shows mild left foraminal encroachment. At L4-L5 there is a mild annular tear. A post-myelogram CT 10/14/2009 shows no evidence of focal disc herniation, central canal stenosis, or neuroforaminal narrowing. The provider is requesting a discogram with post-discogram CT at L2-L3, L3-L4, L4-L5, and L5-S1 in order to find the pain generator.

**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 OD Guidelines, "Low Back" chapter, a psychological evaluation should be done prior to discography. Also, discography is typically not recommended by the ODG, but if performed, should consist of single level testing with a control. Mild pathology is identified at two levels in this claimant's lumbar spine, yet the provider is requesting discography at 4 levels. Based on these

reasons the lumbar discogram from L2-S1 is not medically necessary.

## **References/Guidelines**

2009 *Official Disability Guidelines*, 14th edition

### **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)