

SENT VIA EMAIL OR FAX ON
Feb/01/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Low Pressure Lumbar Discogram, L4/5 with Post Discogram CT

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

Board Certified Neurologist with 30 years experience in clinical practice

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 12/1/09 and 12/21/09

OP Reports 12/5/07, 12/14/06, 5/24/07, 7/23/07, 11/6/09, 1/21/08

Therapy Diagnostics 7/13/07 thru 11/17/09

Dr. 4/11/07 thru 1/10/11

Ortho & Aquatic Therapy 10/1/08

BHI2 4/28/08

CT Cervical Spine 1/21/08

MRI 6/7/07, 3/7/07

DDE 10/*9/08 and 3/6/08

Dr., Neurology 9/10/08

Dr. 5/10/07

Associates 4/4/07 thru 9/19/07

Rehab 11/17/06 thru 9/12/07

MRI 8/6/07

PATIENT CLINICAL HISTORY SUMMARY

On xx/xx/xx Mr. injured his low back when he fell from a roof. Multiple examinations showed antalgic gait with no motor weakness of lower extremities, decreased range of motion of lumbar spine, normal sensation, negative seated straight leg raise, positive supine straight leg raise, and normal reflexes. MRI on 6/11/07 showed a small central disk protrusion at L4-5. Examination on 11/17/09 showed left leg weakness, absent knee jerks and the need of a cane to walk. Multiple other painful injuries as a result of the initial fall also continue. Psychological testing showed depression and anxiety and escalating fear/avoidance was causing him to be increasingly sedentary and deconditioned. He is not sleeping well and is taking large amounts of narcotic medication for several years.

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

This patient has continuing low back pain along with multiple other pains. There is little objective evidence of radiculopathy. Motor examination in 2009 does not show weakness in a radicular distribution and conflicts with previous examinations. Why does this patient continue to hurt? Is he addicted to narcotics by now? What extent does his lack of sleep and deconditioned state play? What is his nutritional status? What extent do psychological factors interact with the physical problems? All of these are important question when deciding medical care. A diskogram will not clear up the conflicts in this patient's record and may confuse the issues further. The ODG does not recommend a diskogram in this clinical situation.

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)