

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/21/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Discogram/Computed Tomography (CT) at the L5-S1 Level with Lidocaine

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

M.D., board certified in Orthopedic 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

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 12/18/09, 12/30/09

Institute 12/11/09, 10/29/09, 9/11/09

9/28/09

Medical Centers 5/18/09

Imaging 5/6/09

Medical Imaging 1/21/09, 9/7/05

DNSA 5/11/09, 3/30/09, 2/16/09

The Spine Journal Article (no date)

M.D. 2/11/09, 1/16/09, 9/18/08, 11/26/07, 11/19/07, 9/11/06, 9/7/05, 10/4/04

Progress Note 11/13/07

Diagnostic Center 10/11/02

M.D. 9/25/09

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker with previous laminectomy and stated axial back pain with no radiculopathy. This patient apparently has evidence of 3-mm to 4-mm instability at the L5/S1 level and psychologically has been screened. The patient is projected to be a candidate for a lumbar fusion. The request is for discography with lidocaine at one level with post CT scan.

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

Performing a discogram with lidocaine precludes the ability of a CT scan to evaluate the integrity of the disc; hence, the CT scan in this instance would provide no further information. Furthermore, the request does not conform to Spine Society Guidelines and protocols for provocative discography as well as Official Disability Guidelines and Treatment Guidelines for provocative discography as there is no control level to be attempted. While this patient may well meet, at least in principal, criteria for lumbar fusion (although the ODG Guidelines require two failed discectomies, and the instability is less than noted within the AMA Guides for determination of instability), the use of lidocaine and the lack of a control level preclude this request from falling within the guidelines and utilization for provocative discography. It is for this reason the previous adverse determination could not be overturned. The reviewer finds that medical necessity does not exist for 1 Discogram/Computed Tomography (CT) at the L5-S1 Level with Lidocaine.

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--North American Spine Society Guidelines)