

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/11/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Discogram L 3/4 L4/5 L5-S1 post CT 72131 62290

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

MD, Board Certified Orthopedic Surgeon
Board Certified Spine 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

Adverse Determination Letters, 12/2/09, 12/15/09
Orthopaedic Center, P.A. 12/11/08 to 11/19/09
Orthopedic Group 4/30/09
Physical Therapy 12/15/08
Diagnostic 5/19/09
ODG, Low Back Chapter, Discography

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who has previously undergone a two-level lumbar laminectomy at L4/L5 and L5/S1 and presents with recurrence of back pain and leg pain. A previous reviewer has denied the discogram on the basis that it is not supported by the ODG Guidelines. Current request is for discogram.

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

The ODG states that in a situation where the selection criteria and other surgical indications for fusion are conditionally met, discography can be considered in preparation for a surgical procedure. In this particular instance, however, this patient does not satisfy the Official Disability Guidelines and Treatment Guidelines, including criteria for fusion. The records presented for this review did not contain a psychological evaluation clearing the patient for a lumbar fusion or discography. The patient is not status post two previous laminectomies/discectomies. The patient has documentation of no instability on flexion and extension in the reports of Dr. The patient does not meet criteria for provocative discography

in the absence of instability or two previous laminectomies. The Lumbar Discogram is not medically indicated as the surgery is not medically indicated, even if the discography was confirmatory. The reviewer finds that medical necessity does not exist for Lumbar Discogram L 3/4 L4/5 L5-S1 post CT 72131 62290.

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)