

I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/22/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Lumbar Discogram w/Post CT
62290-72295-77003-72132

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, 11/17/09, 12/1/09

Medical & Rehab Clinic, 11/18/09, 11/12/09, 10/13/09, 9/15/09, 11/23/09

DO, 6/26/09, 7/6/09

P.A., 6/18/09

M.D., 11/5/09

Accident & Injury Clinic, 8/13/09

MRI 8/20/09, 11/10/09, 11/12/09, 11/23/09

Orthopedic 11/5/09, 9/24/09

PATIENT CLINICAL HISTORY SUMMARY

This is a injured male worker who, according to the records, sustained an injury on xx/xx/xx. The patient had conservative care and has had an MRI scan, which according to one report, stated there is a subligamentous herniation. According to the spinal surgeon, there is a signal change in the disc at L5/S1. There is a 1-mm retrolisthesis of L5 on S1. There is no evidence of any motion or rotation associated. There has not been a psychological evaluation. The requesting physician states the requested discogram is to determine if the patient is a candidate for surgery.

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

This patient is not a candidate for surgery, according to Official Disability Guidelines and Treatment Guidelines. There is no neurologic deficit, and there is no instability. The patient has not had psychological screening. The use of a discogram does not conform to the ODG unless the patient otherwise is a candidate for surgery. The discogram is used to determine whether or not the disc is painful and to determine the number of levels required for surgery

and to confirm that the L4/L5 disc is indeed normal. In this case, the patient does not meet the entry criteria for surgery, which would be instability at the L5/S1 level for neurological deficit. Certainly without psychological prescreening, even if these other criteria were present, this patient does not meet the basic criteria for surgery under the ODG Guidelines. It is for these reasons the discogram is not indicated in this particular case. Even if it was positive, the ODG Guidelines would not approve surgery for purely discogenic complaints. The reviewer finds that medical necessity does not exist for Lumbar Discogram w/Post CT 62290-72295-77003-72132.

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)