

I-Resolutions Inc.

An Independent Review Organization
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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 L3-L4, L4-L5, L5-S1 and possible L2-L3 with post CT

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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 10/28/09, 11/5/09, 11/13/09
10/19/09, 4/20/09
Xray Lumbar, 4/20/09
Diagnostics, 9/3/08
MRI Lumbar Spine, 8/15/06
Operative Report, 2/2/09, 6/9/04
Operative Note, 1/25/07
Spine
Injury Center, 6/8/09, 3/6/09
xxxxxx, 5/6/09, 1/9/09, 10/30/08, 6/9/08, 2/28/08, 9/27/07, 7/11/07,
5/14/07, 9/24/97
xxxxxx, 12/3/07
BHI2, 5/14/09
Therapy & Diagnostics, 4/20/09

PATIENT CLINICAL HISTORY SUMMARY

This review involves a male worker with a date of injury of xx/xx/xx. The claimant has had a previous laminectomy with discectomy at L3/L4. He is currently being considered for fusion. The records indicate the patient has predominantly axial pain. He has significant protrusions seen at L3/L4. He has had a psychological screening test but not a formal evaluation. However, he did pass the screening test. The previous reviewer felt that the patient was indeed a candidate for a fusion but recommended a formal psychological screening prior to the discogram.

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

Based upon the medical records provided and the ODG Guidelines, the reviewer finds that this request for discogram conforms to the Guidelines, as all the criteria for fusion appear to have been met in this case. To isolate the pain generator in this case with provocative discography appears to conform to the spirit of the Guidelines. Given the fact that the patient has already passed a screening psychological evaluation and, as the previous reviewer has noted, does indeed have all the criteria in place to satisfy the ODG Guidelines for a fusion, the use of provocative discography to verify the pain generator and extent of fusion required and to confirm that the L3/L4 disc is indeed the pain generator in this case would conform to the ODG Guidelines and Treatment Guidelines. The reviewer finds that medical necessity exists for Lumbar discogram L3-L4, L4-L5, L5-S1 and possible L2-L3 with post CT.

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)