

# Becket Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Dec/30/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Low Pressure Lumbar Discogram With CT L3-S1

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** MD, Board Certified Orthopedic 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, 11/13/09, 11/30/09

ODG Guidelines and Treatment Guidelines

M.D. 10/30/09, 7/31/09, 7/10/09, 2/13/09, 11/2/09, 10/14/08, 8/7/08, 6/12/08, 5/1/08, 5/7/08, 2/12/08, 1/15/08

MRI & Diagnostic 2/9/07

BHI2 6/5/08

Healthcare 4/18/08

Operative Report 4/18/08, 12/18/07

Instructional Course Lectures Spine Article (no date)

### PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker, female, who was injured in a motor vehicle accident. She suffered neck, right shoulder, and back injuries according to the records. She has had axial neck pain. Cervical spine surgery was denied by the insurance company and in a Contested Case Hearing. The patient has had axial back pain without radiculopathy. MRI at L5-S1 reports a 1-2mm central disc herniation impinging upon the subarachnoid space. The existing nerves are within normal limits. The rest of the lumbar spine is within normal limits. The patient has had an epidural steroid injection with some improvement. The patient also has had a psychological evaluation, which showed no barriers to surgical intervention. There are no flexion/extension views mentioned within the medical record.

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

The patient does not meet the ODG criteria for lumbar spine fusion, and therefore the patient does not meet the ODG criteria for discogram. Lumbar instability is not documented in this patient's medical record in flexion/extension views. Discography is not recommended in

ODG. The request does not conform to ODG, and no explanation has been provided as to why the ODG should not be followed in this patient's case. The reviewer finds that medical necessity does not exist for Low Pressure Lumbar Discogram With CT L3-S1.

**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)