

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient psychological evaluation for three 3 hours pre lumbar discogram

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

M.D., Board Certified in Orthopedic Surgery
Board Certified in Spinal 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, 5/10/10, 5/18/10

P.A. 6/22/10, 8/24/09, 9/24/09, 10/26/09, 11/23/09, 12/28/09,

1/28/10, 3/1/10, 4/5/10, 5/6/10

6/25/10

Physical Therapy 7/3/09

Medical and Family Care 7/8/09

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who apparently slipped and fell on a wet floor. The medical records provided show the patient has predominantly back pain and some hip pain. The EMG/nerve conduction study has shown some L5 radiculopathy. Neurological examination is essentially benign. An MRI scan was not provided.

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

The use of a lumbar discogram would only be entertained when a fusion is being contemplated. In this case, the medical records do not indicate any consideration for a fusion. The medical records do not contain an MRI scan, flexion/extension lumbar films, or other studies necessary to bring this patient within the Official Disability Guidelines and

Treatment Guidelines criteria for fusion. Hence, given the absence of a surgical procedure being entertained and a diagnosis of lumbar radiculitis based upon an EMG, there would be no medical indication for discogram. Because there is no medical indication for discogram, psychological testing pre-discogram is not medically necessary. For this reason, the previous adverse determination cannot be overturned. The reviewer finds that medical necessity does not exist for Outpatient psychological evaluation for three 3 hours pre lumbar discogram.

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)