

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 05/21/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

CT-Discogram of Lumbar Spine @ L3-S1 (3 levels) 62290, 72295

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the CT-Discogram of Lumbar Spine @ L3-S1 (3 levels) 62290, 72295 is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 05/10/10
- Letter of determination– 05/06/10

- History and Physical by Dr. – 11/10/08
- Report of the MRI of the lumbar spine – 12/09/08
- Office visit notes by Dr. – 12/15/08 to 06/15/09
- PEER to PEER Review by Dr. – 02/03/09, 02/27/09
- Report of EMG and NCV findings by Dr. – 02/03/09
- Operative report for epidural steroid injections - 03/10/09, 06/25/09
- Consultation by Dr. – 05/13/09
- Office visit notes by Dr. – 05/13/09 to 03/10/10
- Impairment rating by Dr. – 11/19/09
- Notice of Disputed Issue(s) and Refusal to Pay Benefits – 01/27/10
- Fax request for preauthorization from Dr.– 09/22/09, 01/21/10

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when he was lifting a 200 pound gas pump from a five-foot height and reached forward to set it on the floor. He felt a sharp stabbing pain in the left side of his lower back. The pain radiates from his left lower back to his left buttock and down the posterior thigh. The patient has been treated with physical therapy and epidural steroid injections. The treating orthopedic surgeon has recommended that the patient undergo a CT-Discogram of Lumbar Spine @ L3-S1 (3 levels).

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

Orthopedic spine surgeons use CT – discography primarily to determine levels and types of surgeries to perform. Usually the decision to operate has already been established. This surgeon wishes to determine which levels need to be included in the surgery and which areas should not be included. Based on the information provided it appears that level L4-5 is in question.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)