

Wren Systems

An Independent Review Organization
3112 Windsor Road #A Suite 376
Austin, TX 78703
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/19/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Discogram L3-4, L4-5, L5-S1 with post CT to follow at Lubbock Radiology #62290x3, #72131

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

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who complains predominantly of back pain but also some left leg pain. The EMG/nerve conduction study was normal, and MRI scan revealed that L4/L5 and L5/S1 showed disc protrusions of significant size. At the L5/S1 level there was suggestion of left-sided exiting nerve root impingement. There were clinical findings compatible with nerve root irritation on physical examination. Flexion/extension views of the lumbar spine show no instability. Current request is for lumbar discogram and post discographic CT scan.

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

Generally speaking, the Official Disability Guidelines and Treatment Guidelines are not supportive of the use of provocative discography. The ODG does recognize a role in surgical planning, but that is to eliminate a level that might be potentially fused or to discern that levels

superior to the target levels which are the fusion targets on MRI scan are normal. In this case, fusion is not contemplated according to the records. There are various notations on the chart where either the injured employee is not recommended for surgery or is recommended for an endoscopic surgery to decompress the disc, neither of which are fusion. Because a fusion is not being contemplated, discography is not indicated for this injured employee. No instability has been documented. This patient does not fit the Official Disability Guidelines either for fusion surgery or provocative discography. For this reason, the previous adverse determination cannot be overturned. The reviewer finds that medical necessity does not exist for Discogram L3-4, L4-5, L5-S1 with post CT to follow at Lubbock Radiology #62290x3, #72131.

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)