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Second Amended Notice of Independent Review Decision

DATE OF REVIEW: March 11, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Low pressure lumbar discogram with post CT scan.

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

American Board of Orthopedic Surgeons

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overtaken (Disagree)

Partially Overtaken (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- Diagnostic Center, 12/16/08
- Orthopedics, 06/01/09,09/14/09, 01/14/10

- M.D., no date
- M.D., 12/09/09
- 01/19/10, 01/25/10

Medical records from the Treating Doctor/Provider include:

- Texas Department of Insurance, 02/16/10
- Diagnostic Center, 12/16/08
- Orthopedics, 06/01/09, 09/14/09, 01/14/10
- Therapy and Diagnostics, 06/01/09
- Direct, 06/11/09, 06/17/09, 01/19/10, 01/25/10
- Improvement 2, 07/09/09
- M.D., 12/09/09

PATIENT CLINICAL HISTORY:

Description of the qualifications: I am a board certified orthopedic spine surgeon, in active practice for over 20 years. I am familiar with the ODG Guidelines, the ACOEM Guidelines, and the Peer Reviewed Guidelines on the use of low-pressure discography in the treatment of lower back pain.

The patient is a male who strained his lumbar spine on the date of injury. He has had ongoing complaints of lower back pain. The MRI of the lumbar spine obtained on December 16, 2008, reveals diffuse symmetrical bulging of 3 mm, slightly flattening the ventral surface of the sac and causing mild encroachment upon both exiting neural foramen. The L4-5 disc appears unremarkable. The L5-S1 disc reveals symmetrical disc bulging.

The patient has been seen by M.D., who noted the patient has been in pain since he was moving a large bundle of 12-foot bars of iron, with low back pain. Dr. has requested a low-pressure discography, although the psychosocial screen noted that the patient had extreme anxiety. There are no focal findings on physical examination.

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

At this time, the request for discography should not be approved. Discography is a poor method of delineating the source of an individual's lower back pain. In several peer reviewed articles, M.D., and his coauthors have indicated that the false positive rate of discography is unexpectedly high in individuals with chronic pain syndromes, psychological problems, and even in asymptomatic individuals. In a recent study, Dr. was able to reveal that the predicted value of discography is less than 50%. Most of the

major guidelines, including the ODG and the ACOEM Guidelines, do not endorse the use of discography to predict levels of surgery, as the predicted value is very low.

Dr. has enclosed many articles from the peer reviewed literature, including older versions of the *Orthopedic Knowledge Update*, and articles from as far back as 1988. However, at the current time, there has been no perspective medical study that has contradicted the medical evidence described above. Therefore, the use of discography is neither reasonable, nor necessary in the treatment of this patient's idiopathic degenerative back pain.

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 (E. CARRAGEE, ET AL)**

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**