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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Lumbar Discogram w/CT @ L3/4
L4/5 L5/S1 62290 72131

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

M.D., Board Certified Orthopedic Surgeon
Board Certified Spine 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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 1/27/10, 2/15/10
Dr. MD, 1/21/10, 7/21/09
MRI, 4/2/08
Medical Center, 4/7/08, 4/2/08, 3/31/08, 3/28/08
Pain Management, 6/17/08, 12/9/08, 10/10/08

PATIENT CLINICAL HISTORY SUMMARY

This is a worker who was injured on xx/xx/xx. He sustained low back pain with radiating leg pain down below the knee on the left-hand side. There is some note of sensory deficit at L4/L5 on the left side. The MRI scan does not show any compressive nerve root lesion, and the patient is diagnosed with discogenic pain. The request is for discogram with post discographic CT scan.

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

Records for this case indicate this is a patient who has a chronic pain situation and is taking Dilaudid. The patient is still smoking. The patient does not have a surgical lesion on MRI scan but does have a bulging disc with some osteophytes at L4/L5 and a degenerative disease at L5/S1. The patient has not had flexion/extension views documenting instability. For these reasons, the patient does not meet ODG Guidelines for lumbar fusion. The patient has also not had a psychological screening clearing him for surgery. Given the fact that he does not meet the criteria for fusion, the patient is therefore not a candidate for discogram

with post discographic CT scan, as this is a preoperative evaluation for surgical determination of level and not one for diagnosis. Furthermore, the patient had an essentially normal neurologic examination with complaints of leg pain going down below without any evidence of a reason for such radiation on the MRI scan findings. There is no objective finding on the MRI scan compatible with his clinical complaints of left radiating pain below the knee. This patient does not meet the criteria established in the ODG Guidelines for a lumbar fusion. For this reason, he does not fall into the category of a carefully selected patient for lumbar fusion or for discography. The reviewer finds that medical necessity does not exist at this time for Lumbar Discogram w/CT @ L3/4 L4/5 L5/S1 62290 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)