



Notice of Independent Review Decision

DATE OF REVIEW: 03/04/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Discogram with CT Scan at L3-L4, L4-L5 and L5-S1

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

Board Certified in Physical Medicine and Rehabilitation

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.

Lumbar Discogram with CT Scan at L3-L4, L4-L5 and L5-S1 - UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MRI Lumbar Spine, M.D., 03/23/09

- MRI Pelvis, Dr. 03/23/09
- Initial Comprehensive Evaluation, D.O., 03/30/09
- Consultation, M.D., 05/06/09
- Electrodiagnostic Testing, M.D., 05/21/09
- Peer Review, M.D., 06/16/09
- Lumbar Epidural Steroid Injection (ESI), Dr. 06/23/09
- Office Consultation, Dr. 07/07/09
- Follow Up Visit, Dr. 10/15/09
- Prescription for CT Discogram of Lumbar Spine, Dr. 10/15/09
- Evaluation, Ed.D., 11/25/09
- Designated Doctor Evaluation (DDE), M.D., 01/06/10
- Pre-Authorization Request, Dr., 01/19/10, 02/03/10
- Denial Letter, 01/22/10, 02/09/10
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient injured his low back while lifting. He underwent an MRI of the lumbar spine, as well as the pelvis. Electrodiagnostic testing was performed which indicated no evidence of radiculopathy. A lumbar Epidural Steroid Injection (ESI) was also performed. Medications were indicated to be Ibuprofen, Flexeril and Hydrocodone.

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

Per criteria established by the Official Disability Guidelines, medical necessity for diagnostic testing in the form of a lumbar CT scan/discogram is not established. The Official Disability Guidelines specifically state that diagnostic testing in the form of a discogram is not considered to be of medical necessity. The above-noted reference indicates that there is data in the literature which has determined that this requested diagnostic study would not be required to definitively determine a need for surgical intervention to the spine. Consequently, per criteria established by the above-noted reference, the medical necessity for a CT scan/discogram is not established. The above-noted reference appears to have a very strong stance with respect to this diagnostic study and specifically indicates that this diagnostic study is not a study that would be considered to be of medical necessity in the diagnostic assessment of an individual as it relates to lumbar spinal disorders. Hence, per criteria set forth by the above-noted reference, the medical necessity for a lumbar CT scan/discogram is not established in this case.

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)**