

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 10/20/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute:	Request Date	Determination Date
77003 FLUOR GID & LOCLZJ NDL/CATH SPI DX/	09/16/10	09/23/10
62290 INJ PROC DISKOGRAPHY EA LEVEL; LUM	09/16/10	09/23/10
72132 CAT Scan, lumbar spine; with contrast	09/16/10	09/23/10
72295 DISKOGRAPHY LUMBAR-RAD S & I	09/16/10	09/23/10

IMO Physician Advisor Richard A. Lutz, DO TX License #J1718 Orthopedic Spine Surgery has non-authorized reconsideration for Lumbar Discogram @ L3-4, L4-5, L5-S1 with Post CT Scan as not medically necessary.

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

Texas Board Certified Orthopedic Surgeon
Texas Board Certified Orthopedic Sports Medicine

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Analysis of ODG Position on Lumbar Discography
2. 07/10/09 - Clinical Note - M.D.
3. 08/31/09 - Clinical Note - M.D.
4. 09/29/09 - Peer Review
5. 10/06/09 - Clinical Note - M.D.
6. 12/10/09 - Designated Doctor Evaluation
7. 01/15/10 - Clinical Note - M.D.
8. 06/03/10 - Clinical Note - M.D.
9. 07/16/10 - Required Medical Evaluation
10. 8/03/10 - Clinical Note - M.D.
11. 08/31/10 - Clinical Note - M.D.
12. 09/15/10 - Utilization Review
13. 09/23/10 - Utilization Review
14. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a male who sustained an injury on xx/xx/xx when a car cut in front of his motorcycle, causing him to collide with the vehicle. The claimant fell on the left side of his body and injured his neck and lower back.

The clinical notes begin with an evaluation on 07/10/09 by Dr.. Physical examination revealed patellar and Achilles reflexes are blunted bilaterally. There was paresthesia in both hands and feet. Motor strength was weakened throughout both lower extremities. The claimant was unable to toe-heel walk. There was tenderness in the right lower lumbar region. Straight leg raise was positive bilaterally and Spurling's was positive. The claimant was recommended for twelve sessions of physical therapy.

The claimant saw Dr. on 10/06/09 with continued complaints of cervical and lumbar pain. Physical examination revealed decreased sensation along the left shin. Patellar reflex was slightly diminished on the left. The left upper extremity was slightly hyperreflexic in the left triceps. Biceps were absent bilaterally and the brachioradialis was diminished on the left. Spurling's was positive in the cervical spine. Cervical MRI demonstrated collapse at C5-C6 and C6-C7 with soft tissue protrusions at T2-T3.

An EMG of the lower extremities performed 10/02/07 revealed L5 radiculopathy.

An MRI of the lumbar spine performed 08/20/08 demonstrated collapse of L5-S1 with foraminal stenosis. It was noted the claimant may be considered for lumbar discogram, upper extremity electrodiagnostic studies, and surgical intervention.

The claimant was seen for a Designated Doctor Evaluation on 12/10/09. Physical examination revealed negative Spurling's in the cervical spine. There was no radiation of pain down the arms. Examination of the left shoulder

revealed no sign of impingement. There were clinical signs of tear of the left biceps with significant atrophy. There was bilateral weakness of the upper extremities. There was painful lumbar spasm. Lumbar range of motion was severely limited. The claimant was unable to walk on his toes. Straight leg raise was positive on the left at 60 degrees with pain radiating down the left buttock. There was pain in the right groin with mobilization of the hip. The report stated the extent of injury include aggravation of signs and symptoms of previously asymptomatic osteoarthritis of the right hip, radiculopathy by compression of the L5 nerve root with extruded L5 disc fragment, aggravation of signs of cervical spondylosis and probable tear of the biceps tendon.

The claimant saw Dr. on 01/15/10. Physical examination revealed diminished sensation along the L4 and L5 distribution. Patellar reflexes were diminished on the left. The left upper extremity was slightly hyperreflexic in the triceps. Spurling's was positive in the cervical spine. Back pain was decreased with forward flexion as well as with lateral bending. The pain increased with extension. The claimant had difficulty with heel-toe walking. Straight leg raise elicits back and leg symptoms bilaterally. The claimant was assessed with herniated nucleus pulposus of L4-L5 and L5-S1 with neurogenic claudication, L4 radiculopathy, and herniated nucleus pulposus of C5-C6 and C6-C7 with radiculopathy. The claimant was recommended for surgical intervention.

A Required Medical Examination (RME) was performed on 07/16/10. The claimant complained of severe neck pain that radiated to the left upper extremity and low back pain that radiated to the right lower extremity. The claimant also reported right hip and right groin pain. The claimant complained of numbness and tingling in the anterior left forearm and in the ring and little fingers. The claimant reported episodes of shooting pain in both upper extremities lasting for several minutes four to five times a day. The claimant stated he had numbness and tingling in both lower extremities. The claimant reported weakness of the right lower extremity, and stated he had fallen on several occasions. Current medications included Norco 10/325 and Flexeril. The claimant used a cane for ambulation, limping on the right lower extremity. Physical examination revealed superficial tenderness to palpation over the thoracic and lumbar vertebrae and paraspinal muscles. Lumbar range of motion was markedly limited in all directions due to pain. With forward flexion, the claimant was able to bring his hands to knee level. Seated straight leg raise was negative bilaterally. There was some give-away weakness in the right hip flexors due to pain. There was hypoesthesia in the medial aspect of the left leg below the knee. Deep tendon reflexes were symmetric in the ankles and diminished in the left knee. There was no cervical tenderness. Cervical range of motion was limited on left lateral flexion and left rotation. Spurling's was negative. There was hypoesthesia in the radial-volar aspect of the left forearm, and also in the right and little fingers of the

left hand. Deep tendon reflexes were symmetric in the triceps and absent on the left biceps. Examination of the right hip revealed tenderness over the right hip and right groin. Right hip range of motion was decreased. The claimant was assessed with status post cervical strain with aggravation of preexisting spondylosis with left C6 radiculopathy, status post right hip sprain/strain, preexisting right hip osteoarthritis, status post right total hip replacement, status post lumbar sprain/strain, and lumbar spondylosis.

Computerized Muscle Testing and Range of Motion testing were performed on 08/03/10. The claimant rated his pain at 8 out of 10. Cervical flexion and extension were decreased. Manual Muscle Testing of the neck/trunk, neck, and extremity revealed a greater than 15% strength difference, indicative of motor deficit. Grip tests indicated a 63% left deficit at position 2 when compared with the opposite hand.

The claimant saw Dr. on 08/03/10 with complaints of persistent neck pain radiating into the left arm. The claimant also reported persistent low back pain. Physical examination revealed decreased range of motion with numbness in the left hand along the C7 and some in the C6 distribution. The claimant was recommended for ACDF at C5-C6 and C6-C7.

The claimant saw Dr. on 08/31/10. The claimant rated his neck pain at 4 out of 10. The claimant reported improved weakness and numbness in the left arm. The claimant reported persistent severe back pain. The claimant was assessed with herniated nucleus pulposus of C5-C6 and C6-C7 postoperatively and herniated nucleus pulposus of L5-S1 with a predominance of back pain and some neurogenic claudication and bulge at L4-L5. Dr. opined the claimant would benefit from a complete discectomy to re-establish the normal disc height at L5-S1, but was unsure if L4-L5 needed to be included in the procedure. The claimant was recommended for preoperative lumbar discogram.

The request for Fluro Gid and LOCLZJ NDL/CATH SPI DX, Inj Proc Discography ea level lum, CAT scan lumbar spine with contrast, Discography lumbar-RAD S & X was denied by utilization review on 09/15/10 due to lack of neurological examination documenting atrophy or reflex deficit.

The request for Fluro Gid and LOCL2J NDL/CATH SPI DX, Inj Proc Discography ea level lum, CAT scan lumbar spine with contrast, Discography lumbar-RAD S & X was denied by utilization review on 09/23/10; however, the reviewer's comments/opinions were not submitted for review.

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

The requested discography for the lumbar spine is not recommended as medically necessary. Discography is not a recommended procedure per current evidence based guidelines as there are several high quality clinical studies which significantly question the efficacy of the procedure to determine appropriate intervertebral levels for surgery. The clinical documentation provided for review does not support that the claimant should exceed this recommendation. There is no indication that the claimant has exhausted all other reasonably means of determining pain generators to include diagnostic injections or EMG/NCV studies. Additionally, there is no psychological assessment for the claimant that clears the claimant for surgical procedures for the lumbar spine. As the requested procedure is not recommended within current evidence-based guidelines, and there is insufficient evidence to recommend that the claimant should exceed guideline recommendations, medical necessity is not supported.

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

Official Disability Guidelines, Online Version, Low Back Chapter.