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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 17, 2010.

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Low Pressure Lumbar Discogram/CT L4-S1; Control Level L3-4.

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

This physician is a Board Certified Orthopedic Surgeon with 43 years of experience.

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

On xx//xx/xx, an MRI of the right shoulder was performed. Impression: 1. Supraspinatus tendinosis with focal full thickness incomplete tear of the distal

tendon near the leading edge measuring approximately 9 mm. No evidence of supraspinatus muscle atrophy is noted. 2. Infraspinatus, biceps, and supscapularis tendinosis. 3. Findings concerning for degenerative SLAP tear as interpreted by Stephen Lee, M.D.

On November 18, 2009, the claimant was evaluated by DC. Impression: 1. Lumbar radiculitis. 2. Right shoulder supraspinatus tear. 3. Right shoulder internal derangement. 4. Muscle spasm. Dr. requested 12 sessions of active rehabilitation.

On December 17, 2009, the claimant was evaluated by, M.D., an orthopedic surgeon. The claimant received a cortisone injection previously but only received some relief. Impression: 1. Full thickness tear, right shoulder. 2. Lumbar strain, possible herniated nucleus pulposus with radiculitis. Dr. recommended surgical intervention of the right shoulder.

On January 27, 2010, M.D. performed surgery on the claimant's right shoulder. Procedures performed: 1. Arthroscopic examination with subacromial decompression, separate subacromial space. 2. Arthroscopic examination with Debridement of superior labral tear and rotator cuff tear, separate glenohumeral compartment. 3. Repair of supraspinatus tendon tear through a separate deltoid split approach.

On February 2, 2010, the claimant was re-evaluated by M.D. The claimant complains of pain and stiffness with overhead reaching postoperatively. Dr. stated he will start an aggressive physical therapy program.

On March 10, 2010, an MRI of the lumbar spine was performed. Impression: 1. Caudally dissecting disc extrusion at L5-S1. Contact with the traversing right S1 nerve likely takes place. 2. Central/left central disc herniation at L4-L5. 3. Circumferential disc bulge at L3-L4 as interpreted by M.D.

On March 18, 2010, the claimant was re-evaluated by M.D. The claimant states he has received some relief with physical therapy for his right shoulder.

On March 29, 2010, the claimant was re-evaluated by M.D. The claimant stated he has constant pain in his low back that radiates down into his right lower extremity. He stated he experiences numbness and tingling in his feet bilaterally, predominantly of the right side. Since he has exhausted physical therapy with medications, Dr. recommended a lumbar epidural steroid injection in conjunction with post injection physical therapy.

On April 15, 2010, an EMG of the upper extremities was performed. Impression: The isolated findings argue against a radiculopathy, neuropathy, or myopathy. Need evaluation results involving the right Biceps muscle most likely a residual

post-surgical consequence. Studies do not reveal any other abnormalities as interpreted by D.C.

On April 29, 2010, the claimant was re-evaluated by M.D. The claimant stated he had an ESI on March 23, 2010, and received a 75-80% relief in his low back but ever since the injection he has had a persistent headache only relieved by lying down. The pain radiating down his right lower extremity has decreased a little. In regards to the ESI he had a spinal injection, he will be set up for an emergency blood patch.

On April 29, 2010, range of motion of the lumbar spine showed flexion to be within 88% of the norm and with extension 80% of the norm.

On May 19, 2010, M.D. performed surgery on the claimant's right shoulder. Procedures performed: 1. Manipulation under anesthesia, right shoulder. 2. Injection of subacromial Marcaine and Triamcinolone.

On May 25, 2010, the claimant was re-evaluated by M.D. The claimant stated he received significant relief with the MUA with increased range of motion. He stated that his low back has constant pain with numbness and tingling in his feet bilaterally.

On May 25, 2010, range of motion of the lumbar spine showed flexion to be within 60% of the norm and with extension 92% of the norm.

On July 9, 2010, the claimant was re-evaluated by M.D. The claimant stated the pain that he experienced before that radiated down his right lower extremity has decreased and is mostly back pain at this time.

On July 9, 2010, range of motion of the lumbar spine showed flexion to be within 72% of the norm and with extension 76% of the norm.

On July 28, 2010, the claimant underwent a psychological evaluation which determined he had no barrier to recovery from lumbar spine surgery.

On July 30, 2010, range of motion of the lumbar spine showed flexion to be within 63% of the norm and with extension 88% of the norm.

On August 16, 2010, DO, an orthopedic surgeon, performed a utilization review on the claimant. Rationale: The ODG indicates the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. Therefore, it is not certified.

On August 24, 2010, M.D., an orthopedic surgeon, performed a utilization review on the claimant. Rationale: The ODG indicates the conclusions of recent, high

quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. These studies have suggested that the reproduction of the claimant's specific back complaints on injection of one or more discs, concordance of symptoms, is of limited diagnostic value. Therefore, it is not certified.

PATIENT CLINICAL HISTORY:

The claimant is a male who sustained an injury to the right shoulder and low back on xx/xx/xx This caused the claimant to be forcefully stopped in mid air and ultimately fell backwards and landed on his back on the scaffolding below him.

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

The ODG indicates the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. The previous decisions are upheld based on ODG Guidelines Criteria.

Per the ODG Guidelines:

Discography is Not Recommended in ODG.

Patient selection criteria for Discography if provider & payor agree to perform anyway:

o Back pain of at least 3 months duration

o Failure of recommended conservative treatment including active physical therapy

o An MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection)

o Satisfactory results from detailed psychosocial assessment (discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided)

o Intended as a screen for surgery, i.e., the surgeon feels that lumbar spine fusion is appropriate but is looking for this to determine if it is not indicated (although discography is not highly predictive) (Carragee, 2006) NOTE: In a situation where the selection criteria and other surgical indications for fusion are conditionally met, discography can be considered in preparation for the

surgical procedure. However. all of the qualifying conditions must be met prior to proceeding to discography as discography should be viewed as a non-diagnostic but confirmatory study for selecting operative levels for the proposed surgical procedure. Discography should not be ordered for a patient who does not meet surgical criteria.

o Briefed on potential risks and benefits from discography and surgery

o Single level testing (with control) (Colorado, 2001)

o Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification

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)**