

Notice of Independent Review Decision
IRO REVIEWER REPORT

DATE OF REVIEW: 08/26/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Discogram/CT 62290

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the Lumbar Discogram/CT 62290 is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 08/17/10
- Letter of determination from – 06/24/10, 07/13/10
- Consultation with History and Physical by Dr.– 03/24/10, 06/30/10
- Follow up office visit notes by Dr.– 04/19/10 to 07/22/10
- Consultation with History and Physical by Dr.– 06/17/10
- Request for discogram from Dr.– 06/17/10
- Behavioral Medicine Evaluation Report/Pre-Surgical Psychological Screening by– 06/30/10
- Patient Profile – 03/23/10
- Report of x-rays of the lumbar spine by Dr.– 06/17/10
- Report of x-rays of the lumbar spine by Dr.– 03/24/10
- Report of MRI of the lumbar spine – 03/09/10
- Operative Report for facet joint block – 05/07/10
- Notes from Rehab & Physical Medicine – 12/31/09
- Letter of Disability Determination by Dr.– 03/30/10

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when he was lifting, resulting in injury to his back. The patient has been treated with medications, physical therapy and bilateral L5-S1 facet joint blocks. The patient has developed left lower extremity pain and the treating physician is recommending lumbar discogram/CT.

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

In this case, discography is indicated to identify a pain generator. This will be used by the surgeon to determine which levels to operate and which ones don't require surgery. In this case the L5-S1 level is very abnormal on MRI but the clinical pictures shows L5 nerve root deficit on the left which normally occurs at L4-L5. The decision to operate at L4-L5 has probably already been determined. To include L5-S1 is questionable. The discogram will answer the question.

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)