

SENT VIA EMAIL OR FAX ON  
Sep/08/2010

# Applied Assessments LLC

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/03/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Outpatient diagnostic lumbar provocative discography with post-discogram CT

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

Board certified in Physical Medicine and Rehabilitation with expertise in pain management, wound management and geriatrics.

**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**

OD Guidelines

Denial Letters 6/28/10 and 7/22/10

Dr. 3/10/10 thru 8/11/10

MRI 4/4/10

Psych Eval 7/9/10

**PATIENT CLINICAL HISTORY SUMMARY**

This claimant has a date of birth of xx/xx/xx. This patient reported back pain on xx/xx/xx. There is continued lumbar pain and lower extremity pain. The patient is 5'8" and 239 pounds. The patient is using Ultram, Flexeril and Nabumetone. He is working full time.

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

The ODG does not recommend discograms. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. The conclusions of recent high quality studies on discography have questioned the use of discography results as a preoperative indication for IDET or spinal fusion. Discography is of limited diagnostic value.

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES