

# US Resolutions Inc.

An Independent Review Organization  
1115 Weeping Willow  
Rockport, TX 78382  
Phone: (512) 782-4560  
Fax: (207) 470-1035  
Email: manager@us-resolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/25/2011

**IRO CASE #:**

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

Lumbar Discogram/CT L2-S1 (62290 x4) (72295-26 x 4) (72132)

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

M.D., Board Certified Orthopedic Surgeon  
Board Certified Spinal Surgeon

**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**

Official Disability Guidelines

Clinic 2/9/11, 2/24/11

Clinic 8/17/10 to 3/3/11

Dr 11/18/10 to 12/21/10

Clinic 7/29/10

Clinic 8/18/09 to 8/9/10

Dr 10/20/10

Clinic 7/7/10 to 9/13/10

Dr 8/26/09

Clinic 5/10/10

Dr 1/7/10 to 4/13/10

Dr 3/1/10

Clinic 9/16/09

Clinic 8/3/10

Clinic 10/6/10

Clinic 5/12/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a patient who was injured at work and, according to the medical records, has instability at L4/L5 with an extruded disc at L3/L4. The requesting physician believes that the pain generator is the L4/L5 disc and not the L3/L4, and the patient is planned to have a fusion to stabilize the instability at L4/L5.

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

Based on the ODG Guidelines, this patient may fit the criteria for fusion provided that the instability meets the ODG criteria and the patient stops smoking and possible psychological screening. Notwithstanding this, the treating surgeon has clearly stated that he wishes to perform a fusion in this individual. His rationale for discography is not to determine if the patient is a suitable candidate but rather to determine whether or not the L3/L4 disc is part of the symptom tableau. He is planning on utilizing the discography in a manner which is the exception to the ODG rules, and that is to illuminate the level of the pain generator. It is for this reason the previous adverse determination is overturned. The reviewer finds there is medical necessity for Lumbar Discogram/CT L2-S1 (62290 x4) (72295-26 x 4) (72132).

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

ACOEM-AMERICA 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)