

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 02/28/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Discography with post discography CT of L3-4, L4-5, and L5-S1

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

Texas Board Certified in Physical Medicine & Rehabilitation

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. A lumbar MRI report dated 07/16/XX
2. Documentation from Dr. dated 08/10/XX
3. Documentation from Clinic dated 08/17/XX, 12/17/XX, 01/14/XX
4. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The records available for review document that the employee developed difficulty with low back pain when the employee was utilizing a wrench to attach parts. As the employee was pushing the wrench forward, the wrench slipped and the employee developed difficulty with low back pain.

A lumbar MRI obtained on 07/16/XX disclosed evidence for mild degenerative facet disease at the L4-L5 level. There was evidence for a disc bulge at the L5-S1 disc level with mild degenerative facet disease. The report did not describe the presence of a compressive lesion upon any of the neural elements in the lumbar spine.

The employee was evaluated by Dr. on 08/17/XX. On this date, it was recommended that the employee receive access to treatment in the form of physical therapy. On this date, a bilateral L5 selective nerve root block was requested.

A Designed Doctor Evaluation was conducted by Dr. on 08/30/XX. On this date, the employee was not placed at a level of Maximum Medical Improvement (MMI). The employee was diagnosed with a lumbar strain. It was felt that the employee was capable of work activities within restrictions.

Dr. reevaluated the employee on 12/17/XX. It was recommended that the employee undergo a lumbar discogram at the L3-L4, L4-L5, and L5-S1 disc levels.

On 01/14/XX, the employee was evaluated by Dr.. It was recommended that the employee undergo a lumbar discogram.

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

Based upon the medical records presently available for review, a medical necessity for a lumbar discogram/CT scan is not established per criteria set forth by **Official Disability Guidelines**. The records available for review do not document the presence of any definitive neurological deficits on physical examination. **Official Disability Guidelines** do not typically support a medical necessity for a lumbar discogram, as there is a lack of scientific data to support the efficacy of this specific diagnostic test. Additionally, the above noted reference supports that a psychological evaluation be conducted prior to consideration of a lumbar CT scan/discogram to determine if there are any psychological barriers which can affect results of such a diagnostic study. There has not been documentation of satisfactory results from a detailed psychological assessment to support a medical necessity for this specific diagnostic study.

Consequently, based upon the medical records presently available for review, the medical necessity for a lumbar CT scan/discogram is not established per criteria set forth by **Official Disability Guidelines** in this specific case.

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

Official Disability Guidelines.