



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 05/10/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L5/S1 functional anesthetic discogram

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Medical necessity has not been demonstrated for the requested procedure.

INFORMATION PROVIDED FOR REVIEW:

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This was injured on xx/xx/xx and has persistent low back pain. Epidural steroid injection, facet injections, muscle relaxants, opioids and physical therapy have been utilized. There is persistent pain into the low back. Multiple MRI scans have been performed, which demonstrate degenerative L5/S1 disc. Psychologic evaluation on 01/04/10 was thorough and favorable for discography.

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

The ODG for discography are as follows:

1) Back pain of at least three months' duration: criteria met.

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- 2) Failure of recommended conservative treatment: criteria met.
- 3) MRI scan demonstrating one or more degenerative discs as well as one or more normal-appearing discs to allow for internal control injection (injection of a normal disc to validate the procedure by lack of pain response to that injection): criteria met.
- 4) Satisfactory results from detailed psychosocial assessment: criteria met.
- 5) Intended as a screen for surgery: criteria met.

This criteria indicates that the criteria is that a control level is injected. The request is for a local anesthetic single level injection. There is no ODG endorsement for a single level anesthetic discogram. This individual meets the criteria for multilevel provocative discography utilizing a control level. ODG have not been met for local anesthetic single level discogram.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)