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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/22/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Low Pressure Lumbar Discogram L2-3, L4-5, L5-S1 & CAT Lumbar W/Contrast

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

M.D. Board Certified Orthopedic Surgery

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

Request for IRO dated 11/01/11

Utilization review determination dated 10/07/11 and 10/25/11

Clinical records Dr. 03/09/10-09/20/11

Behavioral health report dated 08/31/11

CT Myelogram of lumbar spine dated 08/05/10

Electrodiagnostic study dated 02/19/10

MRI lumbar spine dated 01/25/07

Procedure report lumbar medial branch blocks dated 07/29/11

Procedure report lumbar epidural steroid injection dated 05/07/10

Procedure report lumbar facet blocks dated 11/02/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who injured his back on xx/xx/xx. He was provided medications. Dr. prescribed physical therapy, obtained MRIs of lumbar spine, and had an EMG/NCV study performed. He has undergone facet injections without relief. He underwent lumbar facet rhizotomy without improvement. He underwent lumbar epidural steroid injections without improvement. He is under the care of Dr. The most recent imaging study is post myelogram CT performed on 08/05/10. This study notes a small 3 mm osteophyte at L2-3 arising from anterior superior aspect of L3 vertebral body without evidence of spinal canal or neural foraminal stenosis at this level. L3-4 and L4-5 are negative without evidence of spinal canal or neural foraminal stenosis. At L5-S1 there is a mild generalized circumferential annular bulge, which impinges slightly on the anterior thecal sac but is not associated with any significant spinal canal or neural foraminal stenosis. He underwent EMG/NCV studies, the validity of which is questioned. Dr. reviewed these studies and reported he does not find any evidence of neurocompression. The claimant continues to have 10/10 pain. He has been

seeing Dr. for psychological issues and was to clear the patient for surgery. A contested case hearing was held on 03/02/11 and a decision was made that the claimant's compensable injury extends to include L5-S1 disc herniation. He underwent additional conservative treatment. It was recommended that he undergo lumbar discography. Dr. Pamplin performed the initial review on 10/07/11. Dr. Pamplin non-certified the request. He notes the requestor documented the results of the requested discogram would be used in planning the proposed surgery of lumbar spine. He finds this is not in compliance with Official Disability Guidelines and non-certified the request.

Dr. reviewed the subsequent appeal request. She noted ODG does not recommend discograms due to rate of high false positives. She noted the claimant has had lumbar myelogram and EMG and these two tests together are far more sensitive and specific than discogram. She noted no additional information will be gained by performing an invasive procedure and subsequently non-certified the request.

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

This is a male who sustained an injury to his low back. He has undergone extensive evaluation with minimal pathology noted on imaging studies. He continues to have significantly high levels of pain and has been treated with oral medications, physical therapy, facet injections, and lumbar epidural steroid injections without relief. Current evidence based guidelines do not support use of lumbar discography as isolated indication to perform fusion procedure which would be the clinical circumstance. Additionally, the claimant has not undergone a detailed psychiatric evaluation. The clinical records clearly indicate the claimant has psychiatric issues for which he was seeing Dr.. There was no clearance provided by Dr. for performance of lumbar discography or performance of lumbar surgery. The ODG clearly requires pre-procedure psychiatric evaluation be performed to address any potentially confounding issues that could skew the results of this test. Based on the clinical information provided, the claimant does not meet criteria per ODG. The reviewer finds that medical necessity does not exist at this time for Low Pressure Lumbar Discogram L2-3, L4-5, L5-S1 & CAT Lumbar W/Contrast.

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 KNOWLEDGBASE

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)