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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Preoperative Lumbar Discogram 62290, 72295, 77003, 72132

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

Utilization review determination 09/14/11

Utilization review determination 09/27/11

Clinical records Dr. 10/28/08

MRI lumbar spine 12/22/08

Clinical records Dr. 01/06/09 and 02/02/09

Clinical records Dr. 04/03/09 through 09/09/10

Clinical records Dr. AJ 04/21/09 through 05/29/09

Procedure report LESI 05/08/09

Treatment records DC

Lumbar epidural steroid injection 05/29/09

Peer review Dr. 06/11/09

Peer review Dr. 06/13/09

Addendum to peer review 06/13/09

Clinical records Dr. 07/09/09 through 08/29/11

Post DD RME 08/13/09

Enhanced interpretive report 08/20/09

Utilization review determination 10/07/09

Utilization review determination 10/19/09

Legal correspondence 10/28/09

IRO determination 11/19/09

Mental health evaluation 12/01/09

Individual psychotherapy notes

Discharge summary notes 12/01/09

Designated doctor evaluations 01/06/10, 01/27/10

EMG/NCV 09/17/09

Clinical records Dr. 01/13/11 through 08/26/11

Benefit review conference decision and order 05/09/11

Procedure report lumbar medial branch block 08/22/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. On the date of injury he was lifting an object with a coworker when he felt a pop in his low back followed by immediate pain. Records indicate the claimant was initially evaluated at Concentra Medical Center and diagnosed with lumbar strain. He was referred to physical therapy and placed on anti-inflammatory medications. He had MRI of lumbar spine on 12/22/08. He was reported to have low back pain radiating to bilateral lower extremities. L1-2 and L2-3 are unremarkable.

At L3-4 there is a broad based disc protrusion of approximately 3 mm with bilateral neural foraminal narrowing. There are mild to moderate hypertrophic changes at articular facets. There is no evidence of compression of the exiting nerve roots. There is bilateral ligamentum flavum hypertrophy. The dimension of the canal is 9 mm. At L4-5 there is a subligamentous left lateralizing disc protrusion of 3 mm. There is no compression against the exiting nerve root. There is moderate neural foraminal narrowing left greater than right. There are mild hypertrophic changes of articular facets. At L5-S1 there is left paracentral extradural defect of approximately 4 mm with extrinsic compression against the exiting left S1 nerve root sleeve. The central canal diameter is at lower limits of normal. There is bilateral neural foraminal narrowing. There is high grade narrowing of the left neural foramen. The right neural foramen is slightly narrowed.

On 01/06/09 Dr. saw the claimant. It is reported the claimant has complaints of low back pain with no complaints of radicular leg pain. MRI is reported to be surprisingly abnormal and shows three disc herniations. He notes that the disc herniation on the left at L5-S1 is the worst. However, the claimant has no symptoms on the left. He notes the claimant's clinical examination of lumbar spine is completely normal. He subsequently recommends treatment for lumbar strain. The claimant was seen in follow-up on 02/02/09 and subsequently placed on light duty. On 04/03/09 the claimant came under the care of Dr. He is noted to have mild to moderate tenderness to palpation, slight tenseness on paravertebral muscles, painful range of motion, difficulty walking on heels and toes. Straight leg raise is negative. Reflexes are present. Neurosensory is grossly intact. Motor strength is graded 5/5. The claimant was continued on oral medications and ultimately referred to Dr. and underwent course of epidural steroid injections which were performed on 05/08/09 and 09/29/09.

The record contains a peer review from Dr. dated 06/11/09. Dr. notes the claimant's treatment to date. He opines the extent of work injury in all probability a lumbar strain. He notes it is not medically probable that the findings on MRI are related to the work event, nor his present exam findings. On 07/09/09 the claimant came under the care of Dr. who notes the claimant has been under the care of multiple physicians most recently under the care of Dr. and has undergone two lumbar epidural steroid injections with no relief and completed physical therapy. On physical examination he is reported to have difficulty getting onto the examination table. Reflexes are 2+ and symmetric. There's tenderness in the lower lumbar region and pain with extension and lateral bending. He has positive straight leg raise on the right his gait is appropriate. Motor strength and sensation are intact bilaterally. Dr. recommends obtaining records from the prior treating providers and EMG of the lower extremity.

On 08/13/09 Dr. performed a post designated doctor RME and opines that the claimant sustained a lumbar strain and notes the lack of correlation between the claimant's imaging studies and his clinical presentation opines them preexisting and further opines that the claimant is not a good surgical candidate. The claimant had a battery for health improvement too on 08/20/09. Dr. subsequently recommended the claimant to undergo lumbar discography. An initial review was performed on 10/07/09 by Dr. who non-certified the request. A subsequent appeal was performed on 10/19/09 and reviewed by Dr. who non-certifies the request. The request went to IRO and the determinations were overturned on 11/19/09. This was subsequently appealed by the carrier and was scheduled to go to BRC/CCH. Records indicate that the claimant underwent a mental health evaluation on 12/01/09. He was recommended to undergo individual counseling. This was completed on 01/06/10 the claimant was seen by Dr. a designated doctor who opined that the claimant had reached maximum medical improvement and he was awarded a 5% whole person

impairment rating. On 09/17/09 the claimant underwent EMG/NCV studies of the bilateral lower extremities, which were normal and showed no evidence of radiculopathy.

The claimant came under the care of Dr. Records indicate that they were continuing to address the compensability issues and administrative issues regarding the claimant's care. On 05/09/11 it was determined that the compensable injury included the lumbar radiculitis HNPs at L3-4 L4-5 and L5-S1. Dr. again recommends the claimant undergo lumbar discography. Records indicate the claimant underwent diagnostic medial branch blocks at L4-5 and L5-S1 which provided very little relief. His physical examination notes tenderness to palpation with decreased range of motion with flexion and extension. Motor strength and sensation were intact. Reflexes were 2+ and symmetric.

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

The clinical records indicate the claimant has a long-standing history of low back pain with subjective radiation of lower extremities. He is noted to have undergone extensive conservative treatment consisting of oral medications, physical therapy and epidural steroid injections without relief. The submitted imaging studies indicate the claimant has a left lateralizing disc herniation at L5-S1 and has other pathology at L3-4 and L4-5. There is no instability documented on flexion / extension radiographs and the claimant is not a candidate for fusion. It is further noted that current evidence based guidelines do not endorse the use of lumbar discography as an isolated indication for performance of surgery. Therefore, based on the clinical information provided, the reviewer finds this request for Preoperative Lumbar Discogram 62290, 72295, 77003, 72132 is not medically necessary.

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)