

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 09/15/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Injection procedure for discography, each level; lumbar.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in Neurology with Added Qualifications in Pain Management, fellowship trained in Pain Medicine

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
724.2	62290		Prosp.				xx/xx/xxxx		Upheld
724.2	77003		Prosp.				xx/xx/xxxx		Upheld
724.2	72131		Prosp.				xx/xx/xxxx		Upheld
724.2	99144		Prosp.				xx/xx/xxxx		Upheld
724.2	99145		Prosp.				xx/xx/xxxx		Upheld
724.2	A4550		Prosp.				xx/xx/xxxx		Upheld
724.2	A4649		Prosp.				xx/xx/xxxx		Upheld

INFORMATION PROVIDED FOR REVIEW:

1. Certificate of independence of the reviewer
2. Case assignment
3. Letters of denial, 08/16/11, 08/23/11, and 08/25/11
4. Preauthorization request and appeal, 06/18/11 and 08/25/11
5. Report of medical evaluation and work status report, 02/15/11
6. Designated Doctor Evaluation, 03/02/11
7. EMG/NCV studies, 01/05/11 and 03/01/11
8. Independent Review, 05/03/11
9. Pain management assessment, 10/25/10
10. Operative reports, 11/11/10 and 12/02/10, and follow-up examination, 10/09/10
11. Examinations and follow-ups by treating doctor, 11/02/10 through 08/23/11
12. Neurologist evaluation, 12/29/10 and progress note 01/05/11
13. Orthopedic evaluation, 02/21/11
14. Radiology report, 09/27/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The claimant sustained an injury at work resulting in a shoulder condition that required surgery in xx/xxxx. The claimant has also complained of low back and left lower extremity pain with workup that included an MRI scan of the lumbar spine. This had its most significant finding at the L5/S1 level with a right-sided disc herniation that significantly compressed the right lateral recess and encroached upon the right S1 nerve root. There was also noted an annular tear at this disc level. A minor disc protrusion with bone spurring was noted at L4/L5 but without any mention of annular tear or significant foraminal narrowing or spinal stenosis.

EMG studies apparently did show evidence of a left L4 to S1 radiculopathy, not specifically localized due to abnormalities seen primarily in the paraspinal musculature, which can overlap. An orthopedic evaluation was completed with the surgeon not recommending surgery since the claimant's main symptoms were in the lower extremity that is opposite to the main findings on MRI scan. A discogram study was then recommended by pain specialist to try to further define a level that is the main pain generator so that additional surgical options can be considered versus diskal procedures.

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

I am in agreement with previous reviewers that a discogram study in this particular case will not likely be useful. The MRI scan findings show a preponderance of abnormality at the L5/S1 level. Though a structure compression is noted more toward the right, there is an annular tear at this particular disc level that can cause a chemical radiculitis on either side, and most likely is the source of the left-sided radicular symptoms and EMG study findings. The extent of disease noted at L4/L5, specifically with absence of annular tear and absence of significant foraminal

narrowing or canal narrowing, would make this disc level highly unlikely to be a source of any significant symptoms for this claimant.

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

- 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.)