



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION

DATE OF REVIEW: SEPTEMBER 15, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Discogram

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

Texas state-licensed MD, board-certified orthopedic surgeon and spine surgeon.

REVIEW OUTCOME

[PROVIDE FOR EACH HEALTH CARE SERVICE IN DISPUTE]

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Assignment 09/02/2011,
2. Notice of assignment to URA 9/02/2011,
3. Confirmation of Receipt of a Request for a Review by an IRO 8/31/2011
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 08/31/2011
6. Insurance 9/8/2011, Medicals 8/04/2011, 8/15/2011, 7/21/2011, 7/15/2011, 7/5/2011, 3/8/2011, 2/16/2011, 1/7/2011, 8/20/2010
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

This patient had his original injury on xx/xx/xxxx. He had complaints following that of low back pain with left leg pain. He underwent surgery. Despite the surgery, he continued to have ongoing complaints. An MRI scan has been carried out on February 16, 2011. This shows postoperative changes, as well as disk changes, at L4-L5 and L5-S1.

On July 5, 2011, x-rays were obtained, including flexion-extension films. The attending physician has indicated increased motion at L4-L5, but there are no measurements, and there is no interpretation from an outside radiologist. A request has been submitted for a discogram and post-discogram CT.



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

Specifically, Official Disability Guidelines do not recommend the use of discography. They specifically indicate that there are recent high-quality studies which have questioned the use of discography as a preoperative indication for any surgical procedure.

In my opinion, the previous adverse determination should be upheld.

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

ODG GUIDELINES MUST BE USED IN DECISION = PER TX RULE

- ACOEM- AMERICAN 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)