

Core 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/03/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Discogram CT L4/L5, L5/S1

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

M.D., Board Certified Orthopedic Spine Surgeon, practicing Neurosurgeon

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

ODG Low Back Chapter

Pre-authorization review 12/22/11

Pre-authorization review 01/10/12

Consultation Dr. 11/28/11

Clinic notes Dr. 06/23/11-11/16/11

Favored medicine evaluation 12/14/11

Operative report right L5-S1 transforaminal epidural steroid injection 10/04/11

Operative report bilateral L5-S1 facet joint blocks 07/26/11

MRI lumbar spine 04/12/11

X-rays lumbar spine three views 03/21/11

Office notes/history and physical reports Dr. 03/22/11-05/04/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female whose date of injury is xx/xx/xx. She was on a ladder trying to lift a box and carry it down the ladder when she twisted with the box and injured her back with immediate pain in her back and down the leg. MRI of the lumbar spine performed 04/12/11 revealed degenerative disc disease at L5-S1 with bulging of the annulus fibrosis; no disc protrusion. There was mild facet hypertrophy and arthropathy at L4-5, L5-S1. She was treated with right L5-S1 transforaminal epidural steroid injection, which provided immediate pain relief, with no lasting relief. She tried physical therapy, which made her worse. Medications include Norco, Flexeril and naproxen. She also was noted to have undergone facet block and experienced complete pain relief during the anesthetic phase but no relief from the corticosteroid phase. Physical examination performed on 11/28/11 reported the claimant to be 5'6½" tall and 253 pounds with BMI of 40.1. Musculoskeletal exam revealed antalgic gait limping and taking short step on the right. She was unable to walk on heels or walk on her toes. Strength exam was limited. However, she was actively able to extend and

flex her knees, dorsiflex and plantar flex ankles as well as flex and extend the toes bilaterally. Again strength testing was inadequate because both sides gave out due to pain across her back. Seated straight leg raise on the left with dorsiflexion of ankles caused no pain on the left or right. However repeated straight leg raise seated on the right with dorsiflexion of the ankle even with traction of the claimant caused increased pain down into the right leg as well as pain in the back.

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

This patient sustained a lifting and twisting injury to the low back with immediate onset of back pain radiating to the leg. She has had physical therapy, medications, epidural steroid injection and facet blocks without significant improvement. An MRI of the lumbar spine performed 04/12/11 revealed degenerative disc disease at L5-S1 with no focal disc protrusion. Mild facet hypertrophy and arthropathy was present at L4-5 and L5-S1, but no signs of spinal stenosis or lateral recess stenosis were identified. Examination on 11/28/11 reported that she was unable to walk on heels or toes; however, strength exam was extremely limited due to claimant's complaints of pain. As noted on previous review, Official Disability Guidelines did not recommend lumbar discography as a pre-operative indication, citing recent high quality studies that have raised significant questions concerning the diagnostic value of discography. It appears that MRI has appropriately identified lumbar spine pathology, and therefore the reviewer finds there is no medical necessity for Lumbar Discogram CT L4/L5, L5/S1.

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)