

**MAXIMUS Federal Services, Inc.
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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: June 6, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar discogram L4-L5, L5-S1 (62290).

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

M.D., Board Certified in Neurological 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)

The requested lumbar discogram L4-L5, L5-S1 (62290) is not medically necessary for evaluation of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 5/14/12.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 5/17/12.
3. Notice of Assignment of Independent Review Organization dated 5/18/12.
4. Denial documentation.
5. Pain Medicine Worker's Compensation Pre-Authorization Request documentation dated 2/29/12 and 4/26/12.
6. Medical records from MD dated 1/09/12.
7. Medical records from MD dated 2/21/12.
8. Medical records from RN, ANP-C dated 4/10/12.
9. CT lumbar spine with myelogram dated 1/05/12.
10. Lumbar myelogram dated 1/05/12.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was reportedly injured on xx/xx/xxx when she fell off a scaffold. The medical records noted that the patient injured her neck and lower back at that time. The patient is status post C5-6 and C6-7 anterior cervical discectomy and fusion on 8/25/11. On 1/09/12, the patient reported lower back pain with occasional numbness in the lower extremities. She reported bilateral leg pain, right greater than left. On this date, the documentation noted that MRI on 2/09/10 revealed L5-S1 disc space narrowing with reactive endplate changes and bilateral L5-S1 foraminal stenosis. On this date, the provider recommended a lumbar discogram L4-L5, L5-S1.

The URA indicated that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested diagnostic procedure. Specifically, the URA's initial denial stated that the patient does not appear to be a surgical candidate, as there is no progressive neurologic deficit. Per the URA, ODG state that studies suggest that reproduction of the patient's specific back complaints on injection of one or more discs is of limited diagnostic value. On appeal, the URA indicated that the patient's imaging studies did not indicate any neurocompressive lesions or instability that would warrant surgical intervention. Per the URA, the requested diagnostic procedure is not supported under the ODG.

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

The requested lumbar discogram at L4-L5 and L5-S1 (62290) is not medically necessary in this clinical setting. The submitted documentation indicates that the patient had minimal disc bulge at L4-L5 and L5-S1, with no stenosis at L4-L5, and mild to moderate bilateral neural foraminal stenosis at L5-S1. The notes report that the patient has been unresponsive to conservative care. However, there is no prior documentation of conservative management submitted for review.

Although the clinical note indicates the patient has been previously psychologically cleared, no independent psychological evaluation was submitted for review in accordance with Official Disability Guidelines (ODG). In addition, ODG recommend that patients undergo a single level testing with one additional control level. In this patient's case, it appears that neither the L4-L5 nor the L5-S1 level is a controlled level, as these are suspected pain generators. There is no evidence of any instability on imaging studies to indicate the patient would be a surgical candidate for multilevel fusion. All told, per ODG criteria, the requested lumbar discogram L4-L5, L5-S1 (62290) is not medically necessary in this patient's case.

Therefore, I have determined the requested lumbar discogram L4-L5, L5-S1 (62290) is not medically necessary for evaluation of the patient's medical condition.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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 NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)

[] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED
GUIDELINES (PROVIDE A DESCRIPTION)