

Notice of Independent Review Decision
AMENDED REPORT
Corrected "Coverage Type"
Corrected treatment/services in dispute

DATE OF REVIEW: 10/29/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Discogram/CT L spine I2-S1.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering degenerative disc disease

REVIEW OUTCOME:

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

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

Primary Diagnosis Code	Service Being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
724.4	62290		Prosp.						Upheld
724.4	72132		Prosp.						Upheld
724.4	72279		Prosp.						Upheld

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 08/30/12 and 09/18/12, including criteria used in the denial.
3. Radiology report – MRI lumbar spine w/o contrast 11/17/11.
4. Orthopedic consultation 04/19/12 and follow up 08/13/12.
5. Discharge from pain management program 07/26/12.
6. Behavioral health assessment 05/16/12.
7. FCE 05/16/12.
8. Pain management weekly progress reports 06/18-06/22 through 07/23/12-07/27/12.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a male who suffered a straining injury to the lumbar spine. The date of injury was xx/xx/xx. He has suffered low back pain and bilateral leg pain more severe on the right than on the left. His treatment has included non-steroidal anti-inflammatory medications, muscle relaxant medications, physical therapy, and chronic pain management program. Currently he has had some increasing demand for pain medication. A lumbar MRI scan was performed revealing diffuse degenerative disc disease. There was moderate loss of disc height and vacuum phenomenon present at L4/L5. He has had broad-based spondylitic protrusion with annular tear at the L4/L5 level. Moderate facet arthropathy and ligamentum flavum hypertrophy were also demonstrated. At L5/S1 he has had a focal right paracentral disc protrusion with osteophyte extending into the right lateral recess and neural foramen. The request to obtain discogram and lumbar CT scan was considered and denied; it was reconsidered and denied.

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

The patient suffers a diffuse degenerative disc disease with disc space height narrowing at L4/L5 and L5/S1. He has a mild disc protrusion at L5/S1 with encroachment into the right neural foramen. There has been no recommended surgical procedure described. Discography is not a recommended study. It is at times preauthorized when a surgical procedure has been recommended, and every effort is being made to be sure that all pain source generators have been identified. This patient has had no surgical procedure recommended. The prior denial, reconsideration and denial were appropriate and should be upheld.

INDEPENDENT REVIEW INCORPORATED

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.
- AHCPH-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.)