

# US Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Nov/19/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

outpatient lumbar discogram at L2-3 (control) L3-4, L4-5 and L5-S1 with CT

**A 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** The reviewer finds the request for outpatient lumbar discogram at L2-3 (control) L3-4, L4-5 and L5-S1 with CT is not supported as medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Request for IRO dated 10/31/11

Receipt for request for IRO dated 11/18/12

Utilization review determination dated 10/12/12

Utilization review determination dated 10/22/12

MRI lumbar spine dated 06/22/11

Clinical records Dr. dated 11/16/11, 12/21/11, 01/26/12, 04/03/12, and 06/07/12

Clinical notes Dr. 06/22/12, 07/31/12, and 09/10/12

Operative report facet blocks dated 07/17/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female who is reported to have sustained injuries to her low back on xx/xx/xx. She is reported to have sudden onset of pain with radiation to left leg while walking down the hall. Records indicate the claimant underwent decompressive laminectomy at L5-S1 on 11/16/04.

On 06/22/11 the claimant underwent MRI of lumbar spine. This study notes T12-L1 through L2-3 as normal. L3-4 indicates disc desiccation with central posterior disc protrusion, which results in severe canal stenosis without neural foraminal narrowing. At L4-5 there is disc desiccation with broad based posterior disc protrusion and mild facet arthropathy with severe canal stenosis with mild to moderate right neural foraminal narrowing. At L5-S1 there is disc

space narrowing and desiccation with no posterior disc bulge or disc protrusion seen. There is mild bilateral facet arthropathy left greater than right with mild to moderate left neural foraminal narrowing without canal stenosis. The claimant came under the care of Dr.. It is reported the claimant has previously been seen by Dr. and discussed fairly extensive fusion from L3 to the sacrum. On 11/16/11 it was reported the claimant is not taking medications and working full duty. Physical examination is unremarkable. She has provided the oral medications Tramadol and Neurontin.

The claimant came under the care of Dr. on 06/22/12. She presented with desire to undergo artificial disc replacement. On physical examination she is noted to have normal gait. She is able to heel and toe raise without difficulty. Sensation is intact. There is no clonus. Reflexes are hyperactive at knees and Achilles bilaterally. Strength is intact in lower extremities. She is noted to have extensive pain with attempted flexion and severe pain with attempted extension. She underwent a series of facet blocks on 07/17/12. She was noted to have no improvement in her pain during anesthetic phase. The claimant was seen in follow up by Dr. on 09/10/12. It is noted the claimant has severe unremitting back pain. She requires daily use of Hydrocodone. Updated MRI was not approved under utilization review. The claimant was recommended for lumbar discography.

The initial review was performed by Dr. on 10/12/12. Dr. non-certified the request noting Official Disability Guidelines does not support the use of discogram and the request is therefore not authorized.

The appeal request was reviewed by Dr. on 10/22/12. Dr. notes ODG does not recommend lumbar discography, and if considered there is to be surgical lesion supporting a lumbar fusion which is not indicated in the medical records.

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

The medical records indicate this claimant has chronic history of low back pain and prior history of discectomy at L5-S1 level. Imaging studies show collapse at L3-4, L4-5 and L5-S1. The record suggests the claimant has significant functional limitations as a result of degenerative disc disease. The record does not include a preoperative psychiatric evaluation as required by Official Disability Guidelines to address any potentially confounding issues, which could impact the results of this controversial study. It would further be noted that the validity of lumbar discography has not been established through rigorous clinical trials and is not supported by Official Disability Guidelines. Based on current evidence based guidelines, the reviewer finds the request for outpatient lumbar discogram at L2-3 (control) L3-4, L4-5 and L5-S1 with CT is not supported as medically necessary at this time.

**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)