

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/08/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Discogram with CT @ C4-5, C5-6, and C6-7

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

M.D., 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. It is the opinion of the reviewer that medical necessity is not established for Cervical Discogram with CT @ C4-5, C5-6, and C6-7.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Functional capacity evaluation 04/30/12
MRI cervical spine 07/22/11
Operative report procedure note 04/04/12
Clinical notes 04/04/11-11/21/11
Clinical notes 12/07/11-08/08/12
Prior reviews 08/14/12 and 09/14/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who has been followed for complaints of neck pain following an injury when she slipped and fell. MRI of the cervical spine in 07/22/11 revealed mild anterior endplate spondylosis at C5-6 with moderate disc desiccation mild decrease in disc height. A posterior disc osteophyte complex was noted indenting the ventral aspect of the thecal sac with mild bilateral apophyseal joint arthrosis. Mild central canal stenosis was present. Moderate disc desiccation at C6-7 was present with a central posterior disc herniation noted contributing to mild central canal stenosis. No foraminal stenosis at C5-6 or C6-7 was noted. The patient did undergo cervical facet injections in 01/12 and was treated with hydrocodone and Flexeril. Flexion/extension views of the cervical spine on 12/07/11 revealed joint space loss at C5-6 with no evidence of instability. The patient has also had prior epidural steroid injections with no pain relief. The patient was prescribed gabapentin in 02/12. The patient was recommended for work conditioning in 07/12. Clinical evaluation dated 08/08/12 stated the patient had continuing neck pain radiating to the upper extremities. Physical examination revealed equivocal weakness in the upper extremities and there was pain at the left scapula with Spurling's maneuver. The patient was recommended for cervical discography at C5-6

with a C6-7 level for control. The request for cervical discography was denied by utilization review on 08/14/12 as discography was not recommended in Official Disability Guidelines and there was no medical indication for discography. The request was again denied by utilization review on 09/14/12 as the procedure was not indicated per Official Disability Guidelines.

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

Discography is not recommended by Official Disability Guidelines as there are several high quality clinical studies, which significantly question the efficacy of the procedure. Clinical studies demonstrate that discography is a poor indicator for surgical intervention. Although the patient is not improved with conservative treatment, there is insufficient documentation regarding psychological evaluation, which would support exceeding guideline recommendations. Additionally the clinical notes indicate that cervical discography was recommended at C5-6 and C6-7 only with the C6-7 level being control. There were recommendations for possible surgical intervention at C4-5; however, MRI studies from 07/11 revealed no pathology at C4-5 that would support this level being included in a discography study. As the clinical documentation provided for review does not support exceeding guideline recommendations, it is the opinion of the reviewer that medical necessity is not established for Cervical Discogram with CT @ C4-5, C5-6, and C6-7 and the prior denials are upheld.

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)