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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/26/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpt ASC Lumbar Discogram 62290 72295 72132

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

M.D., Orthopedic surgeon, 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 the requested Outpt ASC Lumbar Discogram 62290 72295 72132 does not meet Official Disability Guidelines criteria and medical necessity is not established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review 07/26/12

Utilization review appeal 09/05/12

MRI lumbar spine 07/21/11

Impairment rating/doctor selected by treating doctor 09/22/11

Office notes 09/12/11-07/02/12

Office visit notes 08/08/11-07/31/12

Procedure note lumbar transforaminal epidural steroid injection 11/03/11 (cancelled) and 12/08/11

Pre-surgical psychological evaluation 05/04/12

MRI lumbar spine 06/11/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury is xx/xx/xx. The claimant was lifting between 150 and 200 pounds when he felt a pop in his lower back with immediate onset of low back pain. Medical records include treatment with chiropractic treatment/physical therapy, medications, work conditioning and epidural steroid injection. He remains symptomatic, and it was noted that he had difficulty walking, and uses a cane for ambulation. He can only walk four minutes at one time. It was noted he has had right foot drop, and per 06/15/12 note the left one is more involved. On examination bilateral EHL was 4/5 strength; right AT 3/5, left 4/5. Both Achilles reflexes were absent. MRI of the lumbar spine dated 06/11/12 reported multifactorial changes L4-5 producing moderately severe to severe canal stenosis; L5-S1 multifactorial changes producing moderately severe to severe bilateral foraminal stenosis; disc protrusions L3-4 and L5-S1 without focal neural displacement. A psychological evaluation dated

05/04/12 noted the claimant was psychologically cleared for recommended surgical procedure without reservations. A request for outpatient ACS lumbar discogram was non-certified per utilization review dated 07/26/12 noting that surgery is being contemplated; however the specific procedure was not noted. Based on reference guidelines, discogram is generally not recommended since it is found to be of limited diagnostic value due to limited accuracy of results in many patients with low back pain. Furthermore the claimant had a recent lumbar MRI dated 06/11/12, which corroborated the current signs and symptoms of the claimant it is unclear whether the claimant has been briefed on potential risk and benefits from discography and surgery.

The levels to be tested were not specified.

The claimant was seen in follow up on 07/31/12 after denial of requested lumbar discogram. It was noted the reason for the discogram is to evaluate the levels that need to be addressed surgically since the claimant does have a complex pathologically injured spine. Before suggesting a more specific plan of treatment a better assessment specifically of the spine needs to be done and discogram is the tool wishes to use.

An appeal request for lumbar discogram was non-certified per utilization review dated 09/05/12 it was noted that the previous request was non-certified because guidelines do not recommend the use of discograms, the planned surgery and levels to be addressed were not specified, and patient education regarding potential risk and benefit from discography and surgery was not documented. Non-certification was also given because the latest MRI already corroborated the claimant's current signs and symptoms. Updated documentation submitted for the appeal still did not address the aforementioned concerns. The cited guidelines still did not recommend discography. It further states that reproduction of the claimant's specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value. Moreover, the lumbar MRI revealed foraminal stenosis at L1 through 4, disc bulging at L4-5, and moderately severe to severe neural foraminal stenosis at L5-S1. There is no normal appearing lumbar level to allow for an internal control injection (to validate the procedure by lack of a pain response to that injection).

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

Claimant sustained a lifting injury to the low back on 04/04/11. He has been treated with chiropractic/physical therapy, work conditioning, and epidural steroid injection without resolution of symptoms. He continued with lumbar pain and left leg radicular symptoms. He could only walk four minutes at a time, and uses a cane to ambulate. The claimant thinks he has poor balance and leg weakness. Examination of the bilateral lower extremities reported 4/5 strength bilateral EHL; AT 3/5 right, 4/5 left; and both Achilles reflexes absent. MRI of the lumbar spine revealed facet arthrosis throughout the lumbar spine. Multifactorial changes at L4-5 produce moderately severe to severe canal stenosis. At L5-S1 multifactorial change produce moderately severe to severe bilateral foraminal stenosis. There were disc protrusions at L3-4 and L5-S1 without focal neural displacement. The claimant was cleared for surgical intervention from a psychological perspective, although discogram was not specifically referenced in the report.

Current evidence based guidelines do not support the use of discography as a pre-operative indication, noting that concordance of symptoms is of limited diagnostic value. It was noted that the request was to perform discography on three levels, but the guidelines recommend single level testing with control level if testing is to be done despite previously mentioned concerns with discography. Given the current clinical data, it is the opinion of the reviewer that the requested Outpt ASC Lumbar Discogram 62290 72295 72132 does not meet Official Disability Guidelines criteria and medical necessity is not established.

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)