

Notice of Independent Review Decision

DATE OF REVIEW: 04/10/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Injection procedure for discography, each level; cervical or thoracic

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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 or not medical necessity exists for each of the health care services in dispute.

It is determined that the injection procedure for discography, each level; cervical or thoracic is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 04/01/13
- Decision letter – 03/18/13, 03/26/13, 03/29/13
- Request for assignment to an IRO from Utilization Management – 03/25/13
- Appeal FAX – No date
- Letter from Utilization Management – 02/26/13
- Follow-Up Evaluation – 01/22/13

- Report of post myelogram cervical CT – 03/02/10
- Report of Operation – 08/18/08
- Report of MRI of the cervical spine – 11/14/12
- Letter from Utilization Management to TMF – 04/02/13
- Pre-Authorization Determination Letter – 02/26/13, 03/18/13, 03/28/13
- History and Physical for disability determination – 12/12/12
- Designated Doctor Examination Data Report – 12/12/12

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx when he was struck by a lift that fell onto his right shoulder and neck causing injury to his upper back. He underwent a cervical surgical procedure on 08/18/08. The procedure included an anterior cervical discectomy and fusion at C4-C5 and C5-C6 and intra-operative discography at levels C3-C4 and C6-C7. He suffers chronic cervical pain and the medical record documentation does not indicate any recent change in symptoms or physical findings. A CT myelogram was performed on 03/02/10 revealing post operative changes and a disc bulge at C3-C4 with minimal cervical stenosis. The patient has received treatment with medications, physical therapy, epidural steroid injections and activity modification. The current request is for provocative discography with CT evaluation.

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

Discography is unreliable in patients with chronic pain problems. The medical record documentation for this patient includes no mention of psychological evaluation and there is no documentation that indicates physical findings of radiculopathy. Medical necessity for discography and CT scan post injections has not been established. Therefore, it is determined that discography is not a recommended study.

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 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)