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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Feb/19/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: cervical discogram with CT scan C4-5 (control level), C5-6, C6-7

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D. O. Board Certified Neurological Surgery

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 this reviewer that the request for cervical discogram with CT scan C4-5 (control level), C5-6, C6-7 is not supported as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Request for IRO 01/31/13
Receipt of request for IRO 01/31/13
Utilization review determination 01/18/13
Utilization review determination 01/30/13
Clinical records Dr. 06/26/12-12/11/12
MRI cervical spine 07/07/12
Procedure report cervical epidural steroid injection 10/04/12 and 11/01/12
Designated doctor evaluation 12/07/12
DWC form 69 12/07/12
Clinical note Dr. 01/11/13

PATIENT CLINICAL HISTORY [SUMMARY]: The claimant is a male who had a date of injury of xx/xx/xx when he was struck by a falling glass from the door of a garage. He sustained a laceration to his right forehead and was taken to the local emergency room by ambulance and was identified as having a non-displaced fracture at the jaw and reported symptoms consistent with closed head injury and cervical pain with radiation into the left upper extremity. Records indicated that the claimant was symptomatically treated. On 07/07/12, he was referred for MRI of the cervical spine which noted mild degenerative endplate edema on the left at C6-7 and a 1.5mm posterior disc bulge with mild uncovertebral hypertrophy bilaterally and with mild bilateral neural foraminal narrowing at C5-6. At C6-7, there was a 1.6mm posterior disc bulge. There was right and moderate left uncovertebral arthropathy. There was mild right and moderate left neural foraminal stenosis. Records indicated that the

claimant received pain management treatments from Dr. which included the performance of cervical epidural steroid injections on 10/04/12 and 11/01/12 and the claimant initially had significant benefit and resolution of his headaches with the initial injection at C6-7. The record included a designated doctor evaluation dated 12/07/12 which noted that the claimant had multiple CT scans of the head with no evidence of acute intracranial injury and there was a non-displaced right mandibular condyle fracture and EMG/NCV study was performed on 09/13/12 of the left upper extremity. Findings were consistent with left ulnar nerve injury and physical examination on that date was normal and showed no evidence of cervical radiculopathy. The record suggested that the claimant was status post a carpal tunnel release. The claimant was placed at clinical maximum medical improvement as of 05/28/12 with a 0% impairment rating.

On 01/11/13, the claimant was seen by Dr.. At that time, the claimant had complaints of headaches and neck pain. On physical examination, he was 5'9" tall and weighed 125 pounds with a slim build. His reflexes were symmetric and he had slight weakness of the ulnar intrinsics and wrist flexors and radiographs showed moderate discoid loss at C6-7 with no instability on flexion or extension views and Dr. subsequently recommended that the claimant undergo cervical discography with control level at C4-5 testing the C5-6 and C6-7 levels.

The initial review was performed by Dr. on 01/18/13 who non-certified the request, noting that Official Disability Guidelines do not recommend discography and that there was conflicting evidence in that area. He noted that some recent studies condemn its use as a pre-operative indication for IDET or fusion. A subsequent appeal review was performed by Dr. on 01/30/13 who non-certified the request, noting that there was no psychological clearance which was recommended prior to discogram. He further noted that the use of discography is controversial and not the standard of care to assess a level for fusion. He subsequently found that the request was not medically necessary per the evidence based guidelines.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The submitted clinical records indicate that the claimant sustained multiple work related injuries on xx/xx/xx. The claimant sustained a closed head injury and scalp laceration. The claimant has chronically had complaints of headaches and cervical pain with reported radiation into the left upper extremity and underwent extensive diagnostic testing which noted degenerative changes at the C5-6 and C6-7 level. Most recent physical examinations provided no objective evidence of radiculopathy. The claimant has a left ulnar neuropathy which was apparently surgically treated. The claimant has received conservative management with no improvement. Official Disability Guidelines do not recommend the performance of cervical discography, noting that there is conflicting evidence regarding the reliability of cervical discography and reporting that recent studies condemn its use as a pre-operative indication for IDET or fusion. The data suggests that discography may produce symptoms in control groups more than one year later, especially in those with emotional and chronic pain problems. Official Disability Guidelines further notes that there is controversy regarding the specificity of cervical discograms and has recommended that more research be performed. Further, Official Disability Guidelines require that pre-operative psychiatric evaluation be performed to address any potentially confounding issues which could skew the results of this controversial study. Therefore, noting the lack of support from the Official Disability Guidelines and the absence of a pre-operative psychiatric evaluation, it is the opinion of this reviewer that the request for cervical discogram with CT scan C4-5 (control level), C5-6, C6-7 is not supported as medically necessary.

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)