



Southwestern Forensic
Associates, Inc.

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE: December 22, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar discogram, L2 through S1 with CT scan follow-through

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

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering degenerative disc disease

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)

The prior denials of this request to preauthorize lumbar discogram at L2 through S1 were appropriate and should be upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. forms
2. TDI referral forms
3. Coventry letters of denial, 10/01/12 and 10/30/12
4. Requestor records
5. Clinical notesthirteen entries between 03/16/10 and 08/30/12
6. Behavioral medicine evaluation, 10/05/11,
7. MRI scan of lumbosacral spines, 09/09/11 and 03/29/10, revealing degenerative disc disease at levels L3/L4 and L4/L5

8. EMG/nerve conduction studies, 05/13/___, revealing diabetic peripheral neuropathy
9. Operative report, epidural steroid injections, 09/14/10, with fluoroscopic radiology evaluation report
10. X-ray report, 03/16/10
11. Patient information form, 03/14/10
12. Care Now injury evaluations, 12/29/09 and 03/28/10
13. Multiple physical therapy daily records between January 2010 and February 2010
14. DWC Form 73, four entries between 12/29/09 and 03/03/10

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female diabetic who has suffered two falls, the first being xx/xx/xx and the second being xx/xx/xx. Her falls have resulted in low back pain and bilateral leg pain, periodically more severe on the left than the right. The patient suffers with diabetic peripheral neuropathy as well as lumbar spondylosis and degenerative disc disease. Neurologic findings are limited. Straight leg raising in the sitting position is reported as normal. The patient has received recommendation for lumbar discogram between L2 and S1. This recommendation was considered and denied; it was reconsidered and denied.

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

Lumbar discogram is not a recommended diagnostic study. Specificity and sensitivity evaluations have revealed a possibility of false positive studies. The conclusion that concordant pain can be of benefit has not proven to be reliable. The prior denials of this request to preauthorize lumbar discogram at L2 through S1 were appropriate and should be upheld.

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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)