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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jan/22/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Lumbar Discogram 62290 72295 72132

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:

[X] 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 <u>each</u> health care service in dispute. It is the opinion of the reviewer that medical necessity is not established for Lumbar Discogram 62290 72295 72132, and the previous denials are upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Reconsideration determination dated 12/20/12
Utilization review determination dated 10/31/12
Office notes dated 12/19/11 – 11/13/12
Pre-authorization request lumbar discogram 10/26/12
MRI lumbar spine dated 12/05/11and 10/22/12
Ultrasound of the abdomen dated 12/21/11
Pre-authorization request MRI lumbar spine, undated
Physical therapy request dated 03/08/12
Physical performance evaluation dated 02/28/12
Psychological evaluation/initial interview dated 02/14/12

PATIENT CLINICAL HISTORY [SUMMARY]: The claimant is a male who was injured on xx/xx/xx when he tripped and fell forward twisting his back and landing on his left side. He complains of low back pain radiating to the left lower extremity. Records indicate that the claimant has been treated with physical therapy, medications, chiropractic care, and epidural steroid injections without significant improvement. MRI of the lumbar spine dated 10/22/12 revealed a 6 mm central disc protrusion at L4-5 without focal neural impingement or significant canal or foraminal stenosis; osteophytic ridging and opposing endplate Modic changes at L5-S1 with mild foraminal impingement. Physical examination performed on 11/13/12 reported that the claimant stands up from a seated position slowly and guarded. The lumbar spine has guarded motion that is exacerbated by bilateral rotation and extension causing left gluteal pain. The lower extremities continue to have weakness at the right

extensor hallucis longus and also at the anterior tibialis (4/5). There are diminished bilateral Achilles reflexes and a decreased diameter of the left thigh and left calf in comparison to the right. There are positive bilateral straight leg raise tests, but negative bilateral Patrick's tests.

A request for lumbar discogram was reviewed on 10/31/12, and the request was determined to be not medically necessary noting that the claimant is not considered for fusion and there is no indication that a potential fusion level is to be ruled out. Psychological clearance was not obtained. It was also unclear how many levels were to be tested. Therefore, non-certification was recommended.

An appeal request for lumbar discogram was reviewed on 12/20/12 and the request was determined to be not medically necessary noting that guidelines do not recommend this study.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The records presented indicate that the claimant sustained an injury to the low back secondary to a trip and fall on xx/xx/xx. He complains of low back pain radiating to the lower extremities. Records indicate that the claimant has failed conservative treatment to include medications, physical therapy, and epidural steroid injections. There is no indication that the claimant is a candidate for lumbar fusion surgery. The request as submitted did not specify the number of levels to be tested. Current evidence based guidelines do not support the use of discography results as a preoperative indication for lumbar spinal fusion based on recent high quality studies that question the diagnostic value of provocative discography. If discography is to be performed despite this, there should be satisfactory results from a psychosocial evaluation, and testing should be limited to one level with a control level. As noted on previous reviews, there is no psychological evaluation indicating that the claimant in an appropriate candidate for lumbar discography. A previous psychological evaluation was performed on 02/14/12 to determine whether mental health treatment would be appropriate, but this evaluation did not address the appropriateness of lumbar discography. Based on the clinical data provided, it is the opinion of the reviewer that medical necessity is not established for Lumbar Discogram 62290 72295 72132, and the previous 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
[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
[ ] MILLIMAN CARE GUIDELINES
[X] 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)