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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jul/17/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Discogram CT Scan

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

Board Certified Neurosurgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Physical therapy report dated 09/24/12

MRI of the lumbar spine dated 02/27/12

Electrodiagnostic studies dated 04/07/11

MRI of the lumbar spine dated 09/18/13

Functional capacity evaluation dated 12/11/13

Psychological evaluation dated 03/11/14

Clinical report dated 03/07/11

Clinical report dated 09/12/11

Clinical report dated 01/30/12

Clinical report dated 02/19/12

Clinical report dated 03/19/12

Clinical report dated 04/20/12

Clinical report dated 06/25/12

Clinical report dated 07/23/12

Clinical report dated 09/24/12

Clinical report dated 01/28/13

Clinical report dated 03/04/13

Clinical report dated 08/26/13

Clinical report dated 09/27/13

Clinical report dated 10/28/13

Clinical report dated 11/05/13

Clinical report dated 11/15/13

Clinical report dated 03/04/14

Clinical report dated 04/30/14

Clinical report dated 05/20/14

Prior utilization review reports dated 05/27/14 & 06/27/14

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. The patient has been followed for ongoing chronic low back pain radiating to the right lower extremity. The patient is noted to have had a prior lumbar hemilaminectomy at L4-5 performed. Per the clinical reports, the patient's radicular symptoms resolved following the 1st surgical intervention. The patient did report a recurrence of right lower extremity symptoms and was noted to have no response to prior facet joint injections at L4-5 or at L5-S1 in January of 2014. The patient described ongoing pain in the low back radiating to the right lower extremity with any bending, prolonged sitting, or walking long distances. Medications were pertinent for steroids, Norco, Flexeril, Tramadol, and anti-inflammatories. The patient was recommended for lumbar discography. The patient did have a psychological evaluation completed on 03/11/14 which found no psychological contraindications for lumbar discography. The clinical report on 05/20/14 recommended lumbar discography at L4-5 and at L5-S1 to confirm pain generators. The patient continued to have a poor quality of life despite the use of multiple medications. The patient reported no benefit from prior physical therapy. Physical examination did note intact strength in the upper and lower extremities with no evidence of neurological deficit. There were positive tension signs to the right.

The requested lumbar discography was non-certified by utilization review on 05/27/14 as guidelines do not recommend the procedure.

The request was again denied by utilization review on 06/27/14 as guidelines do not recommend the procedure.

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

The patient has been followed for ongoing chronic complaints of low back pain radiating to the bilateral lower extremities. The patient is noted to have had an initial good result from decompression procedures at L4-5 performed in 2012. Per guidelines, lumbar discography is not recommended, as there are questionable findings in the clinical literature regarding this procedure's ability to identify pain generators that would be adequately addressed with further surgical intervention to include lumbar fusion. The patient did have a psychological consult, which cleared the patient for the procedure. recommended lumbar discography as well as post-discogram CT studies at L4-5 and at L5-S1 to determine pain generators. The other recent noted procedures in 2014 included facet joint injections at L4-5 and at L5-S1 that were not beneficial. There is no further documentation regarding other attempts to determine the pain generators to include selective nerve root blocks at L4-5 or at L5-S1. No other diagnostic testing to include electrodiagnostic studies or CT myelogram studies was available for review. Given that the patient has already undergone surgical intervention once in the lumbar spine at 1 of the targeted levels for discography at L4-5, discography would not be clinically appropriate in this case. Specifically under Official Disability Guidelines, discography is not recommended after surgery for a lumbar disc herniation. Given the lack of documentation regarding exhaustion of other methods to determine pain generators and as lumbar discography is not recommended to patients who have previously had surgery for lumbar disc herniations, it is this reviewer's opinion that the request is not medically necessary. As such, the prior 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

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)