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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Feb/5/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar discogram at L3 through S1 with a lumbar CT scan without contrast.

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

Anesthesiologist

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

X-ray of the lumbosacral spine dated 11/13/11

Therapy note dated 11/18/11

Clinical note dated 11/25/11

Clinical note dated 12/05/11

Clinical note dated 12/19/11

Clinical note dated 12/20/11

MRI of the lumbar spine dated 12/30/11

Clinical note dated 03/08/12

Clinical note dated 04/23/12

Clinical note dated 05/31/12

Behavioral health assessment dated 06/12/12

Clinical note dated 06/25/12

Flexion and extension x-rays dated 01/10/13

Electrodiagnostic studies dated 01/28/13

Report of medical evaluation dated 02/21/13

Clinical note dated 03/13/13

Flexion and extension x-rays dated 05/30/13

Clinical note dated 09/25/13

Clinical note dated 11/01/13

Clinical note dated 11/08/13

Clinical note dated 12/04/13

Psychological test dated 12/04/13
Behavioral health evaluation dated 12/16/13
Clinical note dated 01/08/14
Adverse determinations dated 12/09/13 & 12/30/13
Utilization reviews dated 11/22/11, 12/16/11, 12/13/11, 12/29/11, 01/12/12, 05/01/12, 06/26/12, & 07/16/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury regarding her low back from an unknown origin. The x-ray of the lumbar spine dated 11/13/11 revealed mild multi-level degenerative disc disease. The therapy note dated 11/18/11 indicates the patient able to demonstrate 35 degrees of lumbar flexion, 25 degrees of extension, and 20 degrees of bilateral side bending. The clinical note dated 12/05/11 indicates the patient complaining of a pressure type sensation in the low back. The patient reported worsening pain with exertion, coughing, and sneezing. The patient was able to demonstrate full range of motion throughout all extremities. The patient was recommended to continue with physical therapy at that time. The MRI of the lumbar spine dated 12/30/11 revealed disc bulges at L3-4, L4-5, and L5-S1 with an annular tear at L4-5. The electrodiagnostic studies completed on 01/28/13 revealed essentially normal findings. No lumbosacral radiculopathy was noted. The flexion and extension x-rays completed on 05/30/13 revealed no evidence of malalignment or instability. The clinical note dated 09/25/13 indicates the patient continuing with complaints of low back pain. Standing, walking, sneezing, coughing, and lying down and sitting all exacerbated the patient's pain. The patient rated the pain as 7-8/10 at that time. The note mentions the patient utilizing Cyclobenzaprine, Naproxen, and Tramadol for ongoing pain relief. No strength deficits were noted in the lower extremities. The patient demonstrated symmetric reflexes. Sensory deficits were noted in the left L5 and S1 distributions. The behavioral health assessment dated 12/16/13 indicates the patient undergoing a battery of psychological tests. No negative factors were noted. The clinical note dated 01/08/14 indicates the patient continuing with low back pain with radiating pain to both lower extremities. The patient rated the pain at that time as 8/10. The patient was recommended for a discogram at that time.

The utilization review dated 12/09/13 resulted in a denial for a discogram of the lumbar region as studies have shown the proposed procedure to be of limited diagnostic value.

The utilization review dated 12/30/13 resulted in a denial for a discogram as previous studies have shown that results of discograms have been found to be inaccurate and of limited diagnostic value.

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

The documentation submitted for review indicates the patient complaining of a long history of ongoing low back pain. Currently, studies have shown that reproduction of the patient's specific back complaints on injection of 1 or more discs is of limited diagnostic value. Additionally, findings of discography have not been shown to consistently correlate well with findings on imaging studies. Given that no high quality studies currently exist supporting the use of discography, this request is not medically indicated. As such, it is the opinion of this reviewer that the request for a lumbar discogram at L3 through S1 with a lumbar CT scan without contrast is not recommended as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES