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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 06/01/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Lumbar Discogram

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)

Patient Clinical History (Summary)

The patient is a male who reported an injury to his low back when he had a slip and fall on xx/xx/xx. The clinical notes dated 03/28/11 indicate the patient previously underwent physical therapy. The patient reported ongoing lumbar spine pain. The patient rated the pain 6-9/10 at this time. Previously rendered chiropractic manipulation resulted in no significant benefit. The use of a TENS unit did provide minimal improvement. The procedure note dated 05/12/11 indicated the patient underwent an epidural steroid injection on the left at L5-S1. The procedure note dated 06/23/11 indicated the patient underwent L4-5 and L5-S1 facet injections. The procedure note dated 11/23/13 indicated the patient underwent L5-S1 transforaminal epidural steroid injection on the left. The clinical note dated 01/30/15 indicated the patient continued with low back pain. The patient described a burning type sensation. The patient rated the pain 3-9/10. The patient was utilizing Aleve, Tylenol and ibuprofen for pain relief. Reflexes were absent at the posterior tibialis and Achilles on the right. Reflex deficits were identified at the left Achilles. The MRI of the lumbar spine dated 03/11/15 revealed a posterior annular fissure at L5-S1 along with a central disc protrusion resulting in mild narrowing of the central canal. The clinical note dated 04/07/15 indicated the patient continued with left lower radicular pain along with numbness and tingling at the posterior left thigh and occasionally left posterior calf. The most recent L5-S1 epidural injection provided 100% pain relief. The clinical note dated 04/24/15 indicated the patient was recommended for lumbar discogram.

The Utilization Reviews dated 04/15/15 and 05/07/15 resulted in denials as insufficient information has been published in peer reviewed literature supporting use of discograms in lumbar spine.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient complained of ongoing low back pain with associated reflex deficits in the lower extremities. Discograms are currently not recommended as reproduction of patient's pain upon injection has been determined to have minimal diagnostic value. No high quality studies have been published in peer reviewed literature supporting the use of discograms in the lumbar spine. Given these factors, the use the request for a lumbar discogram is not indicated. As such, it is the opinion of this reviewer that the quest for lumbar disco on is not indicated 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 and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and 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 and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)