

Independent Resolutions Inc.

An Independent Review Organization

Phone Number:
(682) 238-4977

835 E Lamar Blvd. 394
Arlington, TX 76011

Fax Number:
(817) 385-9610

Email: independentresolutions@irosolutions.com

Notice of Independent Review Decision

Case Number:

Date of Notice: 04/17/2015

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:

Cervical Discogram @ C3/4, C4/5, C5/6 with Post CT scan

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 was injured on xx/xx/xx. The patient has been followed for complaints of neck pain that was aggravated with any type of range of motion. The patient had been previously treated with chiropractic therapy, physical therapy, home traction, injections, medications, as well as a spinal cord stimulator. The most recent diagnostic testing included MRI studies of the cervical spine from 09/27/14 which showed disc protrusions at multiple levels from C3 to C7. There was an electrodiagnostic study completed on 02/13/15 noting a chronic left C6 radiculopathy. The patient was seen by on 02/13/15 with persistent complaints of neck pain, severe between 3-10/10 in intensity. The patient's physical examination noted limited range of motion in the cervical spine with decreased sensation along the ulnar aspect of the left upper extremity. No motor weakness or reflex changes were noted.

The requested cervical discography was denied on 02/20/15 as there was limited support in the current clinical literature regarding cervical discography especially in the cervical spine.

The request was again denied on 03/26/15 as the clinical records did not address the prior reviewer's concerns regarding lack of support in the current literature for the requested procedure.

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

The patient has been recommended for cervical discography to pinpoint pain generators from C3 to C6. This would be followed by post-discogram CT studies. The clinical documentation submitted for review did not identify failure of other methods of determining a pain generator such as medial branch or selective nerve root blocks. The clinical documentation did not contain a preoperative psychological consult that would rule out any confounding issues potentially impacting the results of the study. Given the lack of support in the current clinical literature regarding discography and its ability to determine pain generators that may benefit from further surgical intervention and as the prior reviewer's concerns were not addressed, it is this reviewer's opinion that medical necessity is not established at this time and 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 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)