

# Applied Resolutions LLC

An Independent Review Organization

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## Notice of Independent Review Decision

Case Number:

Date of Notice: 04/22/2015

### 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 L4/5, L5/S1

**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)

This patient is a male with complaints of back pain. On 09/30/13, an MRI of the lumbar spine revealed significant degenerative disc changes at L4-5 and L5-S1. At L4-5, there was a mild acquired central canal stenosis and right nerve root displacement. At L5-S1, there was left nerve root displacement. There was bilateral neuroforaminal stenosis noted at both levels, and the remaining levels were stated to be normal. On 01/07/15, the patient was seen in clinic and EHL strength was rated at 5-/5 at that time bilaterally. On 03/04/15, the patient underwent behavioral medicine evaluation and it was noted then that he was cleared for a discogram.

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

On 03/20/15, a notification of adverse determination for the requested lumbar discogram at L4-5 and L5-S1 noted that the request for a discogram did not provide enough clinical information regarding organized physical therapy, injections, to qualify according to the guidelines. Also, if the discogram was to determine need or level for fusion, there was insignificant data presented to proceed to surgery. Therefore the request was not certified. On 03/31/15, a notification of appeal non-certification was submitted in which it was noted there was persistent low back pain and failure of conservative measures and the MRI showed both L4-5 and L5-S1 disc pathology and there was no psychological clearance. There was no plan for a discogram at a normal control level. Therefore guidelines would not support the request and the recommendation was for non-certification.

The submitted records for this review included a psychological clearance for the proposed discogram. An MRI shows L4-5 and L5-S1 disc pathology. However, guidelines recommend a control and also recommend single level testing. This request is for a discogram at both L4-5 and L5-S1. Therefore, it is the opinion of this reviewer that the request for a lumbar discogram at L4-5 and L5-S1 is not medically necessary 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 AHCPH-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 Medical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)