

Magnolia Reviews of Texas, LLC

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[Date notice sent to all parties]:

04/09/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: CT Scan w/o contrast, lumbar spine discogram x2 levels L3/4, L5/S1

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

Board Certified Orthopedic Surgeon.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female with

complaints of pain in the low back and buttocks as well as burning in the legs. On

XX/XX/XX the patient presented for an evaluation with continued complaints of pain

and increased headaches. On that day, it was noted that she had been referred for

a presurgical psychological evaluation as she was being considered for discography

and a possible spinal fusion. It was noted that the patient had been cleared to

proceed with discography without any concern of psychosocial issues that would impact results. Per the most recent clinical evaluation, the patient presented on XX/XX/XX with complaints of continued pain. She reported undergoing an artificial disc replacement in XXXX. She had also undergone an MRI, x-rays, and electrodiagnostic testing. It was also noted that she had tried physical therapy. On physical examination the patient had decreased ranges of motion and pain with movements. She had diffuse mild tenderness in the paravertebral muscles and tenderness to light palpation in the bilateral buttock and trochanteric areas. She had 5/5 strength throughout and sensation showed no deficits in the lower extremities. She had no evidence of ankle clonus and reflexes were symmetric and normal reactive in the knees and ankles. At that time it was recommended that the patient undergo a discogram with CT followup at the L3-4 and L5-S1 levels.

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

Per the Official Disability Guidelines recommendations, CT scans are supported for patients with thoracic spine trauma who have equivocal or positive plain films and neurological deficit; lumbar spine trauma with neurological deficit and/or a seatbelt fracture; myelopathy patients; and to evaluate a PARS defect not identified on plain x-rays or to evaluate a successful fusion if plain x-rays do not confirm effusion. The documentation submitted for review fails to show that the patient has any neurological deficit. There is no indication that the patient has a PARS defect, there was no documentation of needing to evaluate effusion, the

patient does not have myelopathy and she does not have a thoracic spine trauma injury. There is also no mention that he sustained a seatbelt fracture. The guidelines do not recommend the use of a CT scan in the absence of the aforementioned indications. Therefore, the requested CT scan is not supported. In addition to this, the Official Disability Guidelines state the discography is not recommended as the conclusions of recent high quality studies on discography have significantly questioned the use of the results as a preoperative indication. It is noted that the discography studies are of limited diagnostic value. The clinical notes submitted for review do show that the discography is being requested for determination of the patient's candidacy for a spinal surgery. However, as stated above, discography is not recommended due to the limited scientific evidence supporting the performance of discography for this reason. Therefore, given the above, the request is not supported.

Given all of the above, the requested CT scan without contrast of the lumbar spine and discogram x2 levels at the L3-4 and L5-S1 is not medically necessary and the prior denial is upheld.

IRO REVIEWER REPORT TEMPLATE -WC

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES