



Medwork Independent Review

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MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 02/29/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar provocative diskography and monitored anesthesia care.

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

Texas State Licensed MD Board Orthopedic Surgeon.

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 or not medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY:

The XX-year-old was noted to have been injured in XX/XXXX. He was treated initially medically and then surgically. He had been diagnosed with persistent low back lumbar discogenic pain. He was noted to have undergone a L5-S1 laminectomy along with a partial facetectomy and discectomy and foraminotomy. This occurred in XX/XXXX. Treatments have also included therapy and medications along with lumbar ESIs and facet injections. An MRI dated XX/XX/XX was of the lumbar spine. At L3-L4, a disk bulge was noted to be of moderate degree. The findings were also noted to reveal fluid of the thecal sac at or below L2-L3 with relatively greater effacement of the cerebrospinal fluid around the intrathecal nerve roots at L4-L5. The disk bulge was noted at L5-S1 with lateralization to the right side. Post laminectomy findings were noted at the right at L5-S1. There was mild posterior displacement of the right S1 nerve root sleeve at L5-S1.

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

The persistent back pain with lower extremity radiation along with left gluteal pain were all noted on the most recent clinical records. These notes included from XX/XX/XX. There was a consideration for diskography with monitored anesthesia care rationale. The most recent relatively high quality studies in the medical literature as reflected by the referenced ODG guidelines low back chapter including resection on diskography have placed reliability of diskography (and therefore associated monitored anesthesia care with diskography) into



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significant question. This individual does not have a combination of subjective or objective findings that would support any extenuating situation or circumstances. The individual at this time has not had overall supporting documentation provided that would support the request as being medically necessary. Therefore, at this time, medical necessity has not been established based on the specific details of this clinical and radiographic situation and utilizing evidence based per reviewed guidelines.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)