

IRO Express Inc.

Notice of Independent Review Decision

Case Number: XXXXXX

Date of Notice: XXXX

IRO Express Inc.

An Independent Review Organization

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IRO REVIEWER REPORT

Date: 5/7/2018 7:59:57 PM CST

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 1 Lumbar Discogram with CT Scan of the Lumbar Spine without Contrast

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

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a now XX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as XX. The current diagnosis is documented as spinal stenosis, lumbar region; radiculopathy, lumbar region. The patient underwent an MRI and CT scan of the lumbar spine on XXXX, XX was noted to reveal left hemilaminectomy at L4-L5 with suspected left central disc extrusion causing severe left lateral recess stenosis with impingement of the left L5 preganglionic nerve root. During the assessment on XXXX, the patient complained of left paralumbar pain that radiated to the left hip and to the left lateral thigh. The patient describes XX pain as sharp pain with numbness, aching and stabbing pain. XX rated XX pain a 6/10. The patient reported that XX symptoms were alleviated by lying down and sitting and exacerbated by prolonged sitting, prolonged standing or walking. During the physical examination, the patient ambulated with a painful gait favoring the left leg. There was flexion weakness noted in the left lower extremity. The patient was noted to be doing well status post L4-L5 lumbar laminectomy and discectomy and had significant improvement in back and leg symptoms. However, due to the patient's increased back and leg pain, a discogram of L3-L4 and L4-L5 level was recommended to evaluate the integrity of the disc and determine whether or not it is a significant pain generator with post procedure CT scan.

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

The Official Disability Guidelines do not recommend discography. The guidelines specify if the provider and payor agreed to perform annually, there should be documentation of back pain of at least 3 months duration; failure recommended conservative treatment including active physical therapy; an MRI demonstrating 1 or more degenerative disks as well as 1 or 1 normal-appearing disks to allow for internal control injection; satisfactory results

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from a detailed psychosocial assessment. Discography should be intended as a screening tool to assist surgical decision-making. The patient was noted to be status post L4-L5 lumbar laminectomy and discectomy. The patient reported pain with prolonged sitting, standing or walking. However, there was no indication that the patient had failed recent active physical therapy for XX worsening pain symptoms. Additionally, there was a lack of documentation regarding a recent psychosocial assessment. There were no exceptional factors noted to support a lumbar discogram with CT scan of the lumbar spine outside guideline recommendation.

Based on the information provided for review, the decision to deny the request for 1 lumbar discogram with CT scan of the lumbar spine without contrast is not medically necessary and therefore, upheld.

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
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back, Discography and Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back, CT (computed tomography)