
IRO REVIEWER REPORT TEMPLATE –WC

DATE OF REVIEW:

04/10/2007

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

L5-S1 segment provocative discogram with pressure monitoring to include one normal segment.

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

The L5-S1 segment provocative discogram with pressure monitoring to include one normal segment is not medically reasonable or necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 03/28/07
- MCMC: Referral dated 03/28/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 03/28/07 from
- DWC: Notice to Utilization Review Agent of Assignment dated 03/28/07 from
- DWC: Confirmation of Receipt of a Request For a Review dated 03/27/07
- LHL009: Request For a Review By An Independent Review Organization dated 01/31/07
- Letter dated 01/23/07 from RN
- Letters dated 01/17/07 (two) from RN
- Institute: Worker's Compensation Preauthorization Form dated 12/13/06
- Institute: Follow-Up Visit notes dated 12/07/06, 10/10/06, 10/05/06 from APRN-BC and M.D.
- Institute: Initial Consult dated 09/28/06 from APRN-BC and M.D.
- Institute: Procedure note dated 10/06/05 from M.D.
- Radiology: MRI lumbar spine dated 07/19/02

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female who was reported to have sustained injury on while attempting to lift a patient. She felt a burning sensation in her lumbar spine and pain in her right lower extremity. The first medical record reviewed is dated 09/28/2006 over four years after the purported work-related incident. She was evaluated in the office of M.D. of the Institute. The injured individual reports undergoing extensive evaluation and treatment previously to include lumbar epidural steroid injections and active/passive modalities without any improvement. Examination revealed abnormal heel walk secondary to right gastrocnemius and extensor hallucis weakness. She is seen in follow-up on 10/05/2006 with the diagnoses of:

1. L4-L5 internal disc derangement with posterior annular tear per 2002 MRI,
2. right S1 radiculopathy secondary to chemical radiculitis and
3. right lower extremity motor weakness.

The MRI report interpreted by M.D., radiologist, on 07/19/2002 reads “L4-L5 minimal effacement of the thecal sac by a 1mm central disc bulge. The disc is minimally degenerative.” This is significantly different than that reported by Dr.. The injured individual undergoes right-sided L5 and S1 transforaminal epidural steroid injection on 10/06/2006 by M.D. of the Institute. She is seen back in Dr. office on 10/10/2006. Her pain level is 7/10 and she reports four hours of pain relief following the injection. Examination reveals her to be 5’5” and weighing 150 pounds. The diagnosis is lumbar spine axial discomfort with right lower extremity radiculitis in an L5-S1 distribution secondary to chemical radiculitis. Repeat lumbosacral films are entertained, but there is no information regarding the results. Dr. noted on 12/07/2006 that she had persistent lumbar spine axial discomfort. His office submitted a request for L5-S1 segment provocative discogram with pressure monitoring to include one normal segment.

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

The injured individual is over four and one half years status post work-related injury. It has been reported that she has undergone extensive evaluation and treatment without any evidence of sustained clinical improvement. There is no information regarding psychological evaluation or testing. Recent treatment has included a right-sided L5-S1 transforaminal nerve root block with only four hours of relief. The evidence-based **Occupational Medicine Practice Guidelines, 2nd Ed.** of the **American College of Occupational and Environmental Medicine** caution against indiscriminate imaging. It “will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery”. “Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disc injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychological tests), and it can produce significant symptoms in controls more than a year later”. The **Orthopaedic Knowledge Update-8** of the **American Academy of Orthopaedic Surgeons** state “Clinically discogenic pain is characterized by axial low back pain without associated radicular pain, nerve tension signs, spinal deformity, or instability. Discography is controversial. The **OKU-8** reports “positive discograms have been found in up to 25% of patients who were only mildly symptomatic which raises the risk of overdiagnosing discogenic disease.

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**
- **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)** The Orthopaedic Knowledge Update-8 of the American Academy of Orthopaedic Surgeons