

Clear Resolutions Inc.

An Independent Review Organization
3616 Far West Blvd. Suite 337-117
Austin, TX 7831

DATE OF REVIEW:
APRIL 13, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Discogram/CT L3-4, L4-5, L5-S1, Do L2-L3 if control level needed

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

Board Certified in Orthopedic Surgery

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

UR determination / Peer Review 02/23/07 and 03/01/07
Office note, Dr. 02/14/07
Office note, Dr. 12/06/05, 12/21/05, 02/17/06, 03/21/06, 05/02/06, 07/03/06, 09/06/06, 10/03/06 and 11/01/06
Letter from Dr. 04/20/06
Operative reports, 12/07/05, 01/19/06, 02/17/06 and 07/19/06
Lumbar spine MRI, 11/25/05
Referral form, 02/19/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This Patient reportedly had a low back injury. Since that time, the Patient has been diagnosed with spondylosis of L4-5 and L5-S1, lumbar radicular syndrome-

chronic and herniated nucleus pulposus at L4-5 and L5-S1. The Patient was under the care of a pain management physician and was treated conservatively with medication, physical therapy and underwent lumbar epidural steroid injections and facet joint blocks. The records indicated that with the Patient's continued pain despite injections, a discogram and surgical consultation was recommended.

A spine consultation on 02/14/07 revealed the Patient with continued constant low back and intermittent left leg pain. It was felt that the Patient was a surgical candidate due to his degree of disability and dysfunction and discography was recommended at the lower three levels.

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

It appears from this medical record that this Patient is a gentleman who has had back and leg complaints since an injury. He has been treated conservatively by a number of different physicians and has had multiple different injections and different types of pain medication. The records indicate intermittent improvement from the injections but then his pain and complaints return. He has undergone an 11/25/05 MRI that documents L4-L5 disc protrusion with central stenosis and an L5-S1 central disc herniation with a questionable pars defect but no slip. He also had a 02/09/07 x-ray of the lumbar spine that describes the possibility of a fracture of the left L4 transverse process. He has recently seen Dr., spine surgeon, who evaluated him and requested a lumbar discogram of L2 through S1 to determine whether there is any painful segments in the patient's back.

It is not clear to the Reviewer as to the medical indication for a discogram. The Reviewer understands that discography can be somewhat of a contentious test however, it does have specific indications in a patient who either has instability of a specific segment and the physician is trying to determine if that is a painful segment or in a patient who has pain above the level of a prior fusion to see whether or not there is any abnormal pain generation above the more solid level of fusion. In this case this patient has multiple different complaints and has received multiple different medications and multiple different injections and already has an MRI documenting disc abnormality at the lower two levels. If a surgical intervention were to be performed, it would be a disc excision and there does not appear to be any clinical indication for fusion, so there is no medical indication to proceed with a discogram. Patients who have disc herniations often times have abnormal discograms and the Reviewer doesn't think that doing a discogram on a patient with a disc herniation where it causes pain indicates that they need a fusion because the treatment for a disc herniation is in fact disc excision surgery/discectomy and not primary fusion. Therefore, since the Reviewer does not see any specific medical indication for fusion such as instability, progressive neurologic deficit, tumor, or revision surgery then the Reviewer doesn't see any specific indication to do a work-up that might lead one

to believe that a fusion might be needed and therefore there is no medical indication for the discogram. The Reviewer believes that doing this test would only cause increased confusion in a patient who has already undergone a very extensive series of injections and medication treatments without appropriate response.

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)**