

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 8/14/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. 72295 Discography, lumbar, radiological supervision and interpretation

QUALIFICATIONS OF THE REVIEWER:

This reviewer received his medical doctorate from the University of Tennessee, at Memphis. He did his internship and residency in the field of Orthopaedics at Emory University. This physician did a fellowship at Northwestern in the Department of Orthopaedics, Sports Medicine. He has been board certified in Orthopaedics since 2001. This reviewer has written numerous research articles and publications. He is affiliated with the American Academy of Orthopaedic Surgeons, American Orthopaedic Society for Sports Medicine, Arthroscopy Association of North America and the American Medical Association.

REVIEW OUTCOME:

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

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

1. 72295 Discography, lumbar, radiological supervision and interpretation Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Confirmation of receipt dated 7/23/2007
2. Clinical note dated 8/13/2007
3. Report and notification dated 6/27/2007
4. Confidentiality notice dated 7/18/2007
5. Review organization dated 7/18/2007
6. Notice to air by, dated 8/14/2007
7. Notice to utilization by, dated 7/25/2007
8. Report and notification dated 3/26/2007
9. Registration notes dated 3/9/2007
10. Coverage information dated 3/3/1992
11. Clinical note dated 8/13/2007
12. Patient data by MD, dated 3/9/2007
13. Lab and order dated 3/9/2007
14. Radiology order form dated 3/9/2007
15. Transcription report by MD, dated 3/9/2007
16. Confidentiality notice dated 6/27/2007
17. Clinical note dated 6/22/2007
18. Clinical note by, dated 3/29/2007
19. Confidentiality notice dated 8/13/2007
20. Request form dated 7/2/2007
21. Confidentiality notice dated 7/18/2007
22. Clinical note dated 7/11/2007
23. Clinical note by, dated 7/11/2007
24. Progress notes by, dated 3/9/2007

- 25. Encounter order dated 3/9/2007
- 26. Report and notification dated 6/27/2007

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a male individual who injured himself at work lifting buffers. The injured employee had multiple surgeries and returned to work on 11/22/1993. However he has experienced recurrent back problems. The injured employee complains of low back pain which radiates to both legs, with numbness in the right leg. Lumbar discography was requested and is under review at this time.

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

The injured employee has chronic low back pain and is status post lumbar discectomy and subsequent lumbar fusion. The provider is requesting a lumbar discogram. Discograms are generally regarded as preoperative test to determine the exact level of discogenic pain. The results of discograms in the literature have been mixed with some showing good correlation between discogram findings and surgical outcome. The techniques in discograms have varied between studies leading possible to mixed outcomes. A discogram should be performed recording injection pressures and concordancy of pain with current symptoms. A discogram is generally indicated after a patient with presumed discogenic pain has failed all non-operative measures such as NSAIDs, physical therapy, and steroid injections. The injured worker has presented with an exacerbation of his chronic pain and no documented treatment is provided. He is on a muscle relaxor and a narcotic. Prior to consideration for surgery and a discogram, the worker should be treated with a consecutive 6-12 week period of activity modification, NSAIDs or oral steroids, physical therapy, and consideration of steroid injections. The complexity of this case may also require the MRI scan to be performed with gadolinium, and potentially an EMG/NCV to determine if some the worker's complaints and physical findings are chronic and may not improve with any surgery. The discogram is not medically necessary based on the undocumented non-operative treatment program. The previous denial is 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
- 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
- X 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
- X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Irene A. Young, Garrett S. Hyman, Llewellyn N. Packia-Raj, and Andrew J. Cole. The Use of Lumbar Epidural/Transforaminal Steroids for Managing Spinal Disease. J. Am. Acad. Ortho. Surg., April 2007; 15: 228 - 238.

Francis H. Shen, Dino Samartzis, and Gunnar B.J. Anderson. Nonsurgical Management of Acute and Chronic Low Back Pain. J. Am. Acad. Ortho. Surg., August 2006; 14: 477 - 487

Spiros G. Pneumaticos, Charles A. Reitman, and Ronald W. Lindsey. Discography in the Evaluation of Low Back Pain J. Am. Acad. Ortho. Surg., January 2006; 14: 46 - 55

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