

**C-IRO, Inc.**  
**An Independent Review Organization**  
**7301 Ranch Rd. 620 N. Suite 155-199**  
**Austin, TX 78726**

**DATE OF REVIEW:**

AUGUST 27, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Repeat lumbar discogram with CT scan

**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)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Case notes  
Peer review, Dr., 06/25/07  
Peer review, Dr., 07/05/07  
CT lumbar spine, 03/20/07  
Office note, 05./31/07  
Fax MD request, 05/31/07  
Pre – authorization request, 06/25/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This claimant was diagnosed with a lumbosacral sprain and probable internal disc disruption following a lumbar twisting injury. The records indicated that the claimant complained of severe lumbosacral pain despite conservative measures that included physical therapy and lumbar epidural steroid injections. A lumbar discogram was performed that showed concordant pain at two levels. The treating physician has recommended repeat discography and opined that the L5-S1 level was probably poorly pressurized and concordant pain was not realized.

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

A repeat lumbar discogram with CT does not appear medically necessary according to the information provided. The claimant already underwent a discogram on 3/20/07 and had reports of concordant pain at two levels with a negative level below at L5-S1. This does not correspond with the MRI according to the note by Dr. Dr. noted that morphologically the L3-4 and L4-5 discs looked to be "in good repair". Not only is the suspected level at L5-S1 discordant, but the two reported relatively normal levels appear to show concordant pain. This claimant seems to exemplify that the Official Disability Guidelines do not support discography as a pre-operative indication for fusion. Furthermore, fusion for discogenic pain remains unpredictable in the absence of instability and is not generally recommended. The Reviewer is unable to justify the repeat discogram since one was already performed and it is questionable whether even the first study would have been justified based on the information provided.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low Back: Discography.

**Diskography:**

"Recent studies on diskography do not support its use as a preoperative indication for fusion. When considered, it should be reserved only for patients who meet the following criteria:

- Back pain of at least three months duration.
- Failure of conservative treatment.
- Satisfactory results from detailed psychosocial assessment
- Is a candidate for surgery.
- Has been briefed on potential risks and benefits from diskography and surgery."

**Discography**

Not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion.

**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)