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DATE OF REVIEW: AUGUST 15, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L3-4, L4-5, L5 - SI Discography

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

Board certified in Orthopaedic Surgery, licensed in the State of Texas, and DWC ADL approved.

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)

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
L3-4, L4-5, L5 - SI Discography	62290, 72285	Upon approval	Adverse determination upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Record Description	Record Date
MRI Lumbar –MD - Systems	02/02/07
Office/Outpatient Visit –MD	04/10/07
Office/Outpatient Visit –MD	04/23/07
Office/Outpatient Visit –MD	05/03/07
Office/Outpatient Visit –MD	05/10/07
Office/Outpatient Visit –MD	05/29/07
UR denial of discogram –	06/05/07
Appeal letter regarding UR denial of discogram –MD	06/20/07
UR appeal denial decision of discogram -	06/27/07
Office/Outpatient Visit –MD	07/02/07
Prospective review response –MD - Services	07/27/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The submitter for the IRO is Dr. and the request is for discography at L3-4, L4-5, and L5-S1. The diagnosis is lumbar sprain/strain and discogenic pain. The claimant is a male who injured his lower lumbar spine on xx/xx/xx while lifting a heavy tool box at work. He has had chiropractic treatments and TENS unit treatments without benefit. An MRI revealed mild disc bulges at L1-2 and L4-5 and normal disc at L3-4, L2-3, and L5-S1. Even though he did not have radiculopathy, a pain doctor administered 4 epidural steroid injections which predictably were of no benefit.

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

The request for discography is denied. This procedure remains controversial. What is clear for 40 plus years of discography research is that not everyone who reports pain when a disc is injected has the same clinical problems. The best indicator that these patients do not have the same disc problem is that each successive approach to the treatment of patients with "positive discograms" has failed to give consistent good results (Caragee, Stanford University, Spine Vol 24, p 372, 1999). Furthermore, this patient does not have documented objective signs of radiculopathy or nerve root compression. He is not a surgical candidate and the MRI is quite benign.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG, 4TH ED, 2006

Discography is not recommended as a diagnostic tool and recent studies condemn its use as a pre-operative indication for IDET or fusion (ODG, 4th ed, p809, 2006). Moreover, concordance of symptoms with the disc injected is of limited diagnostic value because it is common in non-back patients, inaccurate in chronic pain or in patients with abnormal psychosocial tests (Carragee, 2000). Discography in patients with chronic pain and emotional problems has been linked with reports of significant back pain for prolonged periods after injection and, therefore, should be avoided (ODG, 4th ed, p809, 2006).