

True Resolutions Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: 817-274-0868

Fax: 214-276-1904

DATE OF REVIEW: JULY 10, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar discogram with CAT 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)

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

Office note

Physical therapy notes, 01/17/06, 10/19/06, 02/08/07, 02/15/07, 02/14/07, 02/16/07, 02/19/07, 02/20/07, 02/21/07, 02/22/07, 02/28/07, 03/01/07, 03/02/07, 03/05/07, 03/07/07, 03/08/07, 03/15/07, 03/18/07, 03/21/07, 03/28/07 and 03/30/07

Left ankle and lumbar spine x-ray, 06/01/06

Authorization request for MRI, 06/09/06

EMG/NCV, 06/19/06

Left foot and lumbar spine MRI, 06/21/06

Peer reviews, 07/06/06 and 07/28/06

Designated physician's examination, 09/12/06

Attempted lumbar discogram with post discogram CT scan,
Discogram with post discogram CT scan
Office note, Dr.,
Office note, Dr., 02/01/07
Procedure note, 02/26/07
Work hardening program/functional capacity evaluation, 03/14/07
Work conditioning request, 03/22/07
Evaluation, Dr., 03/27/07
Office note, Dr., 03/27/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a drywall and ceiling installer who complained of left foot pain and low back pain. Medical records indicated conflicting dates of injury. He treated with medications and physical therapy with no significant relief. X-rays of the left ankle and lumbar spine on 06/01/06 showed a suspicion of osteoporosis with diffuse bony demineralization. MRIs on 06/21/06 showed a mild to moderate calcaneocuboid joint effusion in the left foot and a 2mm focal right paracentral disc protrusion minimally indenting the thecal sac at L5-S1 in the lumbar spine. The claimant continued to complain of left foot pain, low back pain and occasional bilateral thigh pain and numbness. A Designated Doctor's Examination on 09/12/06 found lumbar spasm and positive straight leg raise tests bilaterally and determined that the lumbar injury was job-related. A recommendation to continue treatment to the left foot with a podiatrist and lumbar spine treatment with orthopedist Dr. was made. The claimant underwent an attempted, nondiagnostic L5-S1 discogram due to annular injection. A repeat L5-S1 discogram with post-discogram CT scan was accomplished with findings of a Grade III fissure in the left paracentral and neural foraminal segment of the L5-S1 disc space with concordant pain. The claimant received cortisone injections to the left foot plantar fascia and heel, attended physical therapy, and underwent a series of three L5-S1 epidural steroid injections with significant relief of his low back pain and radiculopathy. Work hardening/work conditioning was recommended to return the claimant to construction and drywall installation work.

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

The lumbar discogram with CT scan was not medically necessary based on the medical records available. The Designated Doctor's Examination on 09/12/06 notes a recommendation that the claimant treat with Dr. for his lumbar complaints, but no medical records or other physician-generated documentation regarding the claimant's complaints, condition, treatment, response to treatment, suspected diagnosis or treatment plan prior to the discogram/CT is available. If the claimant was indeed treated by Dr. this is not reflected in the medical records provided. That being said, the choice of a discogram/CT as a diagnostic study is not supported by documented clinical correlation of symptoms and physical examination findings. Discography is a highly subjective study and is not supported by the Official Disability Guidelines, but when it is used the patient must fit a highly selective group meeting the following criteria: back pain of at least 3 months duration; failure of recommended conservative treatment; an MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs; satisfactory results from detailed psychosocial assessment; intended as

a screen for surgery; and single level testing. A CT scan and/or CT myelography is not recommended unless an MRI is unavailable, contraindicated or inconclusive. This claimant does not meet the criteria for discogram or CT scan and as such, the lumbar discogram with CT scan was not medically necessary or appropriate treatment for this claimant.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates: Low Back - 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. These studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value. (Pain production was found to be common in non-back pain patients, pain reproduction was found to be inaccurate in many patients with chronic back pain and abnormal psychosocial testing, and in this latter patient type, the test itself was sometimes found to produce significant symptoms in non-back pain controls more than a year after testing.) Also, the findings of discography have not been shown to consistently correlate well with the finding of a High Intensity Zone (HIZ) on MRI. ([Carragee-Spine, 2000](#)) ([Carragee2-Spine, 2000](#)) ([Carragee3-Spine, 2000](#)) ([Carragee4-Spine, 2000](#)) ([Bigos, 1999](#)) ([ACR, 2000](#)) ([Resnick, 2002](#)) ([Madan, 2002](#)) ([Carragee-Spine, 2004](#)) ([Carragee2, 2004](#)) ([Pneumatics, 2006](#)) ([Airaksinen, 2006](#))

Positive discography was not highly predictive in identifying outcomes from spinal fusion. A recent study found only a 27% success from spinal fusion in patients with low back pain and a positive single-level low-pressure provocative discogram, versus a 72% success in patients having a well-accepted single-level lumbar pathology of unstable spondylolisthesis. ([Carragee, 2006](#)) Discography involves the injection of a water-soluble imaging material directly into the nucleus pulposus of the disc. Information is then recorded about the pressure in the disc at the initiation and completion of injection, about the amount of dye accepted, about the configuration and distribution of the dye in the disc, about the quality and intensity of the patient's pain experience and about the pressure at which that pain experience is produced. Both routine x-ray imaging during the injection and post-injection CT examination of the injected discs are usually performed as part of the study. There are two diagnostic objectives: (1) to evaluate radiographically the extent of disc damage on discogram and (2) to characterize the pain response (if any) on disc injection to see if it compares with the typical pain symptoms the patient has been experiencing. Criteria exist to grade the degree of disc degeneration from none (normal disc) to severe. A symptomatic degenerative disc is considered one that disperses injected contrast in an abnormal, degenerative pattern, extending to the outer margins of the annulus and at the same time reproduces the patient's lower back complaints (concordance) at a low injection pressure. See also [Functional anesthetic discography](#) (FAD).

While not recommended above, if a decision is made to use discography anyway, the following criteria should apply:

- Back pain of at least 3 months duration
- Failure of recommended conservative treatment
- An MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection)

- Satisfactory results from detailed psychosocial assessment (discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided)
- Intended as a screen for surgery, i.e., the surgeon feels that lumbar spine fusion is appropriate but is looking for this to determine if it is not indicated (although discography is not highly predictive) ([Carragee, 2006](#))
- Briefed on potential risks and benefits from discography and surgery
- Single level testing ([Colorado, 2001](#))

ODG Low Back – CT and CT myelography:

Not recommended except for indications below for CT. CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. ([Slebus, 1988](#)) ([Bigos, 1999](#)) ([ACR, 2000](#)) ([Airaksinen, 2006](#)) Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. ([Seidenwurm, 2000](#))

Indications for imaging -- Computed tomography:

- Thoracic spine trauma: equivocal or positive plain films, no neurological deficit
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, infectious disease patient

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)