MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

DATE OF REVIEW: OCTOBER 15, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar discogram and post-discogram CT

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
BOARD CERTIFIED ORTHOPAEDIC SURGEON

REVIEW OUTCOME

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

X Partially Overturned (Agree in part/Disagree in part)

Medical documentation partially supports the medical necessity of lumbar discogram and post-discogram CT.

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:

M.D.:

- Clinic notes (02/01/07 – 07/31/07)
- Radiodiagnostics (02/15/07 – 04/17/07)
- Procedure notes (06/06/07)
- Medical reviews (06/05/07)

- Clinic notes (07/31/07).
- Medical reviews (06/05/07)
- Utilization reviews (08/31/07 – 09/10/07)

The ODG guidelines are cited in the utilization reviews

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient who injured her back while picking up coin bags weighing 50 to 75 pounds.

The patient was initially seen by a chiropractor who treated her with one session of chiropractic therapy and referred her to a neurosurgeon. In February 2007, M.D., a pain specialist, administered lumbar ESIs x3.

MRI of the lumbar spine demonstrated: (a) minimal disc bulge at L2-L3; (b) minimal 1-mm retrolisthesis at L3-L4 on the basis of mild bilateral facet hypertrophy/arthritis; (c) minimal 1-2 mm degenerative retrolisthesis at L4-L5 with mild-to-moderate bilateral facet hypertrophy, mild ligamentum flavum thickening, and mildly narrowed neural foramina greater on the left; (d) mild asymmetric disc bulge at L5-S1 towards the right without focal protrusion, mild bilateral facet hypertrophy slightly greater on the right, and very mildly narrowed right neural foramen; (e) and multiple Schmorl's nodes in the lower thoracic and lumbar spine. In April 2007, a lumbar myelogram demonstrated acquired spinal stenosis at L3-L4 and L4-L5 secondary to spondylosis changes.

In June 2007, M.D., diagnosed lumbago without radiculopathy with significant amount of deconditioning. According to him, the amount of Norco she was taking (12 per day) was excessive. On June 6, 2007, Dr. performed left L4 nerve root block. Two weeks later, Dr. noted that the left-sided L4 and L5 nerve blocks had helped her. The only other treated modalities that could be considered were exploration and decompression of the L4 and L5 nerve roots and probably a hemilaminectomy.

On July 31, 2007, M.D., noted an antalgic gait, decreased ROM of the lumbar spine, moderate tenderness at L3-S1, and a positive SLR test. He diagnosed lumbar radiculopathy and lumbar discography. In his opinion, the patient had failed conservative management and only a lumbar discography could make a specific diagnosis as to the specific pathology.

On August 31, 2007, the request for lumbar discogram was denied stating that: *Adequate supporting medical documentation showing the request was appropriate had not been submitted. In addition, the ODG guidelines had stated reproduction of patient's specific back complaints on lumbar discogram was of limited diagnostic value.*

On September 10, 2007, the denial was upheld with the same rationale provided.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. MS. HAS HAD A LONG HISTORY OF LOW BACK PAIN WITH REPORTED RADICULOPATHY BY HER ORTHOPAEDIC PROVIDER. WHILE DISCOGRAPHY, HOWEVER, HAS BEEN SHOWN TO HAVE LIMITED DIAGNOSTIC VALUE IN PREDICTING THE OUTCOMES OF SPINAL FUSION, IT IS COMMONLY USED WHEN CONSIDERING SURGERY IN ORDER TO DELINEATE WHICH LUMBAR SEGMENTS MAY BE FUSED. HOWEVER, MS. HAS NOT RECEIVED ANY SIGNIFICANT PHYSICAL THERAPY, TO INCLUDE

WORK HARDENING OR BACK SCHOOL PROGRAMS, AND HAS NOT UNDERGONE PSYCHOSOCIAL SCREENING, WHICH ARE ALL INDICATED PRIOR TO CONSIDERATION OF DISCOGRAPHY. FOR THIS REASON, DISCOGRAPHY MAY OR MAY NOT BE WARRENTED IN COMPLEMENT OF CONSERVATIVE CARE AND SCREENING AS OUTLINED IN THE ODG.

While not recommended above, if a decision is made to use discography anyway, the following criteria should apply:
o Back pain of at least 3 months duration
o Failure of recommended conservative treatment
o 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)
o 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)
o 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) NOTE: In a situation where the selection criteria and other surgical indications for fusion are conditionally met, discography can be considered in preparation for the surgical procedure. However. all of the qualifying conditions must be met prior to proceeding to discography as discography should be viewed as a non-diagnostic but confirmatory study for selecting operative levels for the proposed surgical procedure. Discography should not be ordered for a patient who does not meet surgical criteria.
o Briefed on potential risks and benefits from discography and surgery

Conservative care	Recommended for the first six months, in the absence of red flags that may indicate the presence of a serious underlying medical condition. Specific recommended conservative care includes instruction in an aggressive self-performed exercise program that includes on-going back strengthening and flexibility exercises. Recommended conservative care does not mean six months of passive physical therapy. This treatment may be individualized. Patients who outline their own back pain management program after a detailed explanation of the underlying problem, do as well or better than those with a formal scripted program. And patient expectations should be guided by the evidence that this treatment will succeed, as opposed to expecting that, if the conservative treatment does not work, there are other more invasive treatments available that would succeed. See Exercise and Physical therapy.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES