



## IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081  
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584  
e-mail: imeddallas@msn.com

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**DATE OF REVIEW:** 10/19/07

**IRO CASE #:**

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

Items in Dispute: Outpatient L3-L4, L4-L5, L5-S1 discogram with fluoroscopy and post CT.

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

Texas License  
Board Certified in Pain Management  
Board Certified in Anesthesiology  
Board Certified in Physical Medicine & Rehabilitation

### **REVIEW OUTCOME**

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

Denial Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. 12/27/06 thru 08/15/07 - Orthopedic Surgery
2. 02/22/07 MRI - Lumbar Spine
3. 07/03/07 Denial
4. 10/04/07 Response,  
*Official Disability Guidelines* included.

### **CLAIMANT CLINICAL HISTORY [SUMMARY]:**

The claimant was injured with resulting lower back pain. The medical records indicate treatment by Dr. The claimant was treated for back pain with medications. The information indicated a disc protrusion at L4-L5 with left hip and leg pain with shoulder tendonitis. MRI studies revealed multilevel lower lumbar spondylosis with a small central extrusion at L4-L5 and a small left subarticular protrusion at L5-S1.

The claimant was referred by Dr. for epidural steroid injections. L4-L5 and L5-S1 epidural blocks were performed. Re-injections were performed, the last on 06/28/07. The injections have not been very helpful with continued pain.

The recommendation by Dr. on 08/15/07 was for lumbar discography.

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

**Official Disability Guidelines** do not support the necessity of lumbar discography. The necessity for these diagnostic studies weigh heavily on subjective complaints, and deal with the claimant 's underlying psychosocial issues, as part of the diagnostic efficacy of this test. For that reason, a thorough psychological evaluation is mandated prior to undergoing discography. Abnormal illness behavior, somatoform disorder, and major depression would be contraindications for discography.

Previous studies cited by the **Official Disability Guidelines**, such as by Carage & Holt, have called into question the appropriateness of discography. However, the North American Spine Society and other societies do support the use of discography. Indeed, some of the studies by Carage & Holt have some short comings which fail to universally denounce discography, and certainly there are issues in which discography remains a valid diagnostic tool. However, parameters do apply. In this situation, this claimant has had three epidural injections, but does not clearly have radiculopathy or clear cut evidence of significant discogenic pain.

Therefore, the opinion is that discography is not reasonable and necessary at this point in time.

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

**1. OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**