

# IRO Express Inc.

An Independent Review Organization

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## IRO REVIEWER REPORT TEMPLATE -WC

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### **DATE OF REVIEW:**

SEPTEMBER 7, 2007

### **IRO CASE #:**

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

Discogram/Ctxylo @ L3-4, L4-5

### **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**

MRI summary, 11/28/05

Operative notes, 12/28/05 and 02/21/06

Office notes, Dr., 04/14/06, 09/20/06 and 09/20/06

Office note, Dr., 04/14/06

Epidural steroid injection noted, 05/02/06

Notes, 07/05/06, 09/20/06, 10/09/06, 12/06/06, 12/06/06, 02/27/07, 05/09/07 and 06/20/07

Discogram, 09/25/06

Consult, Dr., 11/06/06

Psych consult, 12/06/06

Operative reports, 01/05/07, 03/13/07

Peer reviews, 05/31/07 and 08/15/07

Office note, Dr., 06/19/07

Functional capacity evaluation, 07/26/07

Office note, Dr., 07/26/07  
On call note, 08/10/07  
Request for medical dispute resolution, 08/20/07

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

The claimant is a female with a history of a left lumbar laminectomy at L3-4 in September 2006 following a fall on xx/xx/xx. She had a twenty-year smoking history along with hypertension. The claimant continued with complaints of lower back and left lower extremity pain unresolved with surgery. An MRI on 11/28/05 noted an old compression fracture at L4 that caused mild kyphosis at L3-4. There was no evidence of a residual or recurrent disc herniation, neural impingement or spinal stenosis.

The claimant treated with Dr., chiropractor, and with Dr. The impression was lumbosacral radiculitis and internal disc derangement. The claimant underwent several epidural and caudal steroid injections with good, but temporary pain relief. On 09/25/06, the claimant underwent a discogram. The report noted moderate concordant pain at L3-4 and L4-5, moderate pain at L2-3 and no pain reported at L5-S1. The post discogram CT noted the compression fracture at L3-4 with significant osteophyte formation, but no foraminal narrowing. At L4-5, there was posterior osteophyte formation versus posttraumatic fragmentation from the fracture with associated degenerative change. No stenosis was seen. There were minimal degenerative facet joint changes at L5-S1.

Dr. saw the claimant for an orthopedic surgery consult on 11/06/06. He opined the claimant might be a candidate for disc replacement at L4-5 with fusion at L3-4. Another discogram was recommended as he felt the previous results were uncertain as to which level was the pain source.

A psychological consultation on 12/06/06 noted the claimant was not cleared for any surgical procedure due to extreme anxiety and depression. A chronic pain management program was recommended. The claimant subsequently underwent additional caudal epidural steroid injections with no significant relief.

A functional capacity evaluation on 07/26/07 noted the claimant was capable of less than sedentary work. Waddell's testing was eight out of sixteen. A neurological consultation on 07/26/07 noted tenderness and spasm in the left lumbar paraspinals with limited thoracolumbar motion. There was decreased motor strength in the left plantar and dorsiflexors, the left hamstrings and gastrocnemius. Tone in the left leg was decreased with hypesthesia down the lateral aspect of the left leg to below the knee, approximating the L5 nerve root dermatome. The claimant was unable to perform heel/toe walk and the right ankle jerk was absent but one plus on the left with bilateral down going toes. The physician felt the claimant was in need of surgery and recommended a pain management program in the interim.

The request for a discogram was non-certified on two separate reviews. A medical dispute resolution was requested.

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

This patient is being considered for a discogram with a control level at L3-4 and a questionable level at L4-5. There has been a greater than a three month history of lower back pain and failure of conservative treatment. The patient has had a psychiatric consultation and persistent documentation of depression to a degree that the patient is not a candidate for surgery.

There has been a previous discogram in September of 2006. A discogram is typically only necessary in situations where the claimant is a surgical candidate. As this claimant has not been determined to be an appropriate surgical candidate, the Reviewer does not think that a discogram is medically necessary. In addition to this, a previous discogram has been performed and repeating this test will provide little if any additional information.

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 di 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.agnostic value.

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)
- Briefed on potential risks and benefits from discography and surgery
- Single level testing

**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)