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DATE OF REVIEW: SEPTEMBER 17, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar discogram with post CT scan

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

Board certified in Physical Medicine and Rehabilitation, licensed in the State of Texas.

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
Lumbar discogram with Post CT scan	72295, 72131	Upon approval	Adverse determination upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Record Description	Record Date
Designated Doctor Office Visit & TWCC 69 –MD	05/15/07
Office Visit –Medical Center	06/01/07
Office Visit –Medical Center	07/02/07
Utilization review request for Discogram and CT Scan –Neuro Imaging	07/10/07
Utilization review adverse determination for Discogram and CT Scan –	07/16/07
Utilization review appeal request and supporting documentation – Discogram and CT scan –Neuro Imaging	07/25/07
Utilization review adverse determination for Discogram and CT scan –	08/02/07
Request for dispute resolution and supporting documentation - Neuro Imaging	08/17/07
Appeal letter regarding adverse determination of Discogram and CT scan – Neuro Imaging -	08/17/07

PATIENT CLINICAL HISTORY [SUMMARY]:

Based on documentation provided, the claimant is a male, who was assaulted and robbed, while working in a convenience store. Reportedly, the claimant was struck in the head, with loss of consciousness, and when he came to, a 300-pound table was on top of him.

On 05/15/2007, MD, performed a designated doctor examination and reported the claimant had persistent pain in the right shoulder and low back. Per Dr. 's "Summary of Injury", a lumbar discogram (05/01/2003) was reported to show "concordant pain at L3/4, L4/5 and L5/S1, and the claimant underwent a 360° fusion at L4/5 and L5/S1 on 07/23/2003. The claimant subsequently developed a Deep Vein Thrombosis and "bilateral lower lobe pulmonary emboli", with reports of a 6-week hospitalization for intravenous anticoagulation. On 02/23/2004, X-rays of the lumbar spine reported "fracture of the pedicular screws". Under "Objective Factors", Dr. reported, "I was unable to evaluate lumbar range of motion or Waddell's test due to these not being permitted by his treating NES. He is noted to have dermatomal loss on right lower extremity at L2-S1. He has no movement of the right lower extremity. His Beck's depression scale is 14."

On 07/16/2007, the carrier issued a "non-authorization" for a Discogram / CT of the Lumbar Spine, stating, "Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guideline references above, this request for Lumbar discogram / CT Scan is not medically necessary". On 08/02/2007, the carrier issued a non-authorization, of the appeal for Discogram / CT of the Lumbar Spine.

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

Evidence-Based Medical Guidelines, including the ODG Citation noted, report "conclusions of recent, high quality studies on discography have significantly questioned the use of discography results" and "reproduction of the patient's specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value". There were no compelling rationale, or clinical findings to disregard the scientific studies, and as such, the documentation provided supports upholding the carrier's denial or "non-authorization" of the Discogram / CT of the Lumbar Spine. Concur with adverse determination.

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

ODG:

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) (Pneumaticos, 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. Discography is not a sensitive test for radiculopathy and has no role in its confirmation. It is, rather, a confirmatory test in the workup of axial back pain and its validity is intimately tied to its indications and performance. As stated, it is the end of a diagnostic workup in a patient who has failed all reasonable conservative care and remains highly symptomatic. Its validity is enhanced (and only achieves potential meaningfulness) in the context of an MRI showing both dark discs and bright, normal discs -- both of which need testing as an internal validity measure. And the discogram needs to be performed according to contemporary diagnostic criteria -- namely, a positive response should be low pressure, concordant at equal to or greater than a VAS of 7/10 and demonstrate degenerative changes (dark disc) on MRI and the discogram with negative findings of at least one normal disc on MRI and discogram. See also functional anesthetic discography (FAD).