

Notice of Independent Review Decision

DATE OF REVIEW:

04/21/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar discogram L3-4, L4-5 and L5-S1

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

Doctor of Osteopathy, Board Certified Anesthesiologist, and Specializing in Pain Management

REVIEW OUTCOME

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

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.

The requested lumbar discogram L3-4, L4-5 and L5-S1 is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male with a date of injury xx/xx/xx. The injured individual sustained a fractured thoracic vertebra and had a vertebroplasty that failed. He then had a T10-L1 fusion in 10/2004. His attending provider (AP) has been noting right leg pain complaints off and on. He also had a motor vehicle accident (MVA) in xx/xxxx that aggravated his symptoms. His lumbar MRI showed nothing per the radiologist reading although his AP states there is evidence of two level disc disease. He notes an electromyogram (EMG) showed S1 pathology but in a later note states it is left L5 pathology. The injured individual had right-sided symptoms, now has left. He has had no treatment to his lumbar spine. The AP feels he may need a fusion and wants a discogram from L3-S1.

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

The discogram is denied for multiple reasons. First, the injured individual's symptoms are now left sided but were right sided before. Second, there is no pathology per the MRI of 01/2007 per the radiologist report or the consultant of 02/2007. Third, there is no second opinion regarding necessity for lumbar fusion – only his treating AP states he needs that. Fourth, there has been no conservative care to the lumbar spine; only thoracic facet injections. Finally, there is no psychological evaluation regarding this injured individual's candidacy for fusion or discogram.

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**

- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

If decision is made to use discography, the following criteria should apply:

- Back pain of at least 3 months duration
- Failure of recommended conservative treatment including active physical therapy
- 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) 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.
- Briefed on potential risks and benefits from discography and surgery
- Single level testing (with control) (Colorado, 2001)



managing care. managing claims.

88 Black Falcon Avenue, Suite 353 Boston, MA 02210 (T) 800-227-1464 (F) 617-375-7777

- Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification