



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 04/09/08

**IRO CASE #:**

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

Item in dispute: Lumbar discogram at L3-L4 and L5-S1.

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

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. Lumbar discogram/CT scan report dated 02/01/07.
2. Documentation from Dr. dated 02/08/07.
3. Documentation from Dr. dated 02/04/08.
4. SRS dated 02/08/08.
5. ***Official Disability Guidelines.***

**PATIENT CLINICAL HISTORY [SUMMARY]:**

A lumbar CT scan/discogram was accomplished on 02/01/07. This study revealed that the L4-L5 disc did not reproduce any pain symptoms. The L5-S1 disc was responsible for concordant pain that radiated to the left hip and upper left lower extremity.

The employee was evaluated by Dr. on 02/08/07. It was recommended that the employee be referred to Dr.

On 02/04/08, Dr. evaluated the employee. It was documented that the employee had a disc herniation at the T6-T7 level which required an anterior discectomy. This procedure had reportedly been performed in the distance past.

It was documented that the employee was on a prescription medication regimen of Norco, Xanax, Prozac, and Allopurinol. It was also documented that the employee was with a history of nicotine utilization. It was recommended that a lumbar discogram be accomplished at the L3-L4, L4-L5, and L5-S1 levels. Lumbar spine x-rays with flexion and extension views obtained on 02/04/08 revealed normal alignment and disc space height with the exception of decreased disc space height at the L5-S1 level. Dr. recommended that a repeat lumbar CT scan/discogram be considered in an effort to determine if surgical intervention was an appropriate treatment option.

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

The ***Official Disability Guidelines*** do not recommend discography as part of a preoperative evaluation of patients for consideration of surgical intervention for lower back pain. The ***Official Disability Guidelines*** indicate that recent studies on discography have significantly questioned the use of discography results as a preoperative indication for a spinal fusion procedure or an IDET procedure. Additionally, ***Official Disability Guidelines*** have suggested that reproduction of a patient's specific back pain complaints are an injection of one or more discs is of limited diagnostic value. Additionally, per ***Official Disability Guidelines***, findings of discography have not been shown to consistently correlate well with the finding of a high intensity zone on MRI testing.

Therefore, based upon the records available for review and based upon data per ***Official Disability Guidelines***, a lumbar discogram would presently not appear to be of medical necessity.

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

1. ***Official Disability Guidelines***