

Clear Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 22, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of outpatient lumbar discogram plus CT lumbar spine.

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

M.D., 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

Adverse Determination Letters, 2/28/08, 3/5/08
Official Disability Guidelines Treatment in Worker's Comp 2008 Updates, Low Back
Neuro Evaluation, Dr., 8/18/05
Films reviewed, 8/19/05
Office notes, 9/15/05, 10/09/07, 11/13/07, 01/17/08, 02/19/08
MRI, 10/9/07, 11/6/07
Myelogram instructions, 12/3/07
Myelogram, 12/10/07
Appeal letter, 2/6/08
Office notes, Dr. 3/19/08, 4/10/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male with a history of back problems dating back to a lifting injury. He underwent lumbar fusion at L4-5 with L5 laminectomy in 2000 with initially good results. The records indicated the claimant has had increasing low back pain and lower extremity symptoms over the past two years. His medical history is positive for type II diabetes and smoking.

Lumbar flexion /extension films on 10/09/07 noted no evidence of instability with stable postoperative changes at L4-5.

A lumbar MRI on 11/06/07 revealed postoperative changes with fusion across L4-5 and no evidence of recurrent disc herniation. There was central disc protrusion at L2-L3 with effacement of the thecal sac as well as multilevel facet arthropathy. The claimant continued with complaints of increasing back pain, left leg pain and weakness with numbness and tingling in both feet.

On 12/10/07, lumbar myelogram and post CT scan noted unremarkable postoperative changes at L4-5 with suggestion of protrusion of the disc at L2-L3 upon hyperextension. The impression was post laminectomy syndrome, chronic low back pain and lumbar radiculopathy. A lumbar discogram with post CT was proposed but non-certified on two separate occasions. The claimant was referred for pain management.

A recent exam on 04/10/08 noted increasing fecal stress incontinence and increasing difficulty with stairs due to numbness in the left foot. Left ankle reflex was absent with decreased sensation in the L5 and S1 dermatomes. There was pain on flexion and early extension. Lumbar discography with CT was again proposed prior to possible surgical intervention in order to determine the status of the L5-S1 disc and identify the pain generators above the fusion site.

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

There is nothing in the records provided to support need for lumbar CT discogram based on the fact that he has already had sequential MRI followed by CT myelogram on 11/06/07 and 12/10/07. There is documentation that the patient is reporting fecal incontinence but no documentation or physical examination findings to assess a caudal equina syndrome or for rectal or sphincter tone. It appears this is focused on subjective complaints rather than objective physical examination findings. The CT myelogram and MRI would not support worsening or progression of the disease or symptomatology. This may be related to his diabetes, his smoking, and natural degenerative process. I thus would agree with denial of the CT/discogram of the lumbar spine as noted on 02/28/05 and 03/05/08, acknowledging that there is no evidence of neural compression, no progressive neurologic instability and there are disparities between objective physical examination findings, diagnostic testing and the claimant's subjective complaints and no documentation of sphincter tone.

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.

Discography may be justified if the decision has already been made to do a spinal fusion, and a negative discogram could rule out the need for fusion (but a positive discogram in itself would not allow 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) The prevalence of positive discogram may be increased in subjects with chronic low back pain who have had prior surgery at the level tested for lumbar disc herniation.

Discography: While not recommended above, if a decision is made to use discography anyway, the following criteria should apply:

- o Back pain of at least 3 months duration
- o Failure of recommended conservative treatment including active physical therapy
- o 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)
- o 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)
- o 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.
- o Briefed on potential risks and benefits from discography and surgery
- o Single level testing (with control) (Colorado, 2001)
- o Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification

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)**