

US Decisions, Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: 04/29/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar discogram at L3/L4, L4/L5, and L5/S1

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)

Upon independent review the reviewer finds that the requested lumbar discogram at L3/L4, L4/L5 and L5/S1 is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Adverse determination letters dated 02/18/08 and 03/18/08
2. Recommended services 01/31/08
3. Lumbar myelogram and CT scan, 10/19/06
4. M.D., 10/06/06
5. MRI scan of the lumbar spine, 03/19/07
6. Interim history and physical examination, 07/31/07 and 07/09/07
7. Operative report, 01/31/07
8. Followup office visits 03/20/08, 01/31/08, 12/20/07, 11/05/07

9. Radiology report, 11/05/07
10. Progress note, 01/03/08
11. Letter 04/18/08
12. Physician advisory reports, 03/13/08, 02/15/08
13. Healthcare evaluation, 02/27/08
14. D.O., followup office visit, 02/07/08, 01/10/08, 11/29/07
15. Procedure note, 01/22/08, 12/12/07
16. Precertification request, 02/12/08
17. Order requisition form, 02/07/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient who underwent a lumbar fusion at L2/L3. It is reported that she had an initial improvement in her symptoms for about six months, following which her pain returned. She then had the hardware removed, which did not help. She has had a recent MRI scan, which was totally unremarkable at the L3/L4, L4/L5, and L5/S1 levels below the level of the previous fusion and where the current request for provocative discography is made. There is indication that epidural steroid injections have helped the patient's leg pain but not the back pain. There is indication on flexion and extension views of motion at the previous L2/L3 levels but with stable cages.

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

In this particular case with an initial relief of pain for six months followed by lack of improvement by hardware removal and some motion seen on flexion and extension and absolutely and completely normal discs below and above the level of the previous fusion, the diagnosis that begs elimination is pseudoarthrosis.

The North American Spine Society protocols for provocative discography are clear in that discography is only recommended in those patients who have abnormal MRI scans, and the abnormal discs are being studied with intention for surgical intervention. In this patient's case, there are no abnormalities found on the MRI scan, and hence, there is an absence for the indication to study these normal discs by provocative discography. For this reason, the previous adverse determination is upheld. Furthermore, as previous reviewers have noted, the ODG Guidelines would not recommend provocative discography in this situation.

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)

NORTH AMERICAN SPINE SOCIETY'S POSITION STATEMENT ON PROVOCATIVE DISCOGRAPHY