



REVIEWER'S REPORT

DATE OF REVIEW: 08/30/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Discogram with post discogram CT scan.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, and Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

I reviewed records from Dr. on 08/04/08. He felt that a discogram was necessary to proceed with surgery. The injured employee was complaining of lower back and right leg pain when he was seen on 04/04/08. He had experienced limited benefit from epidural steroid injections, and spinal surgery was being recommended. Straight leg raising was positive at L4/L5 and L5/S1 with decreased sensation and strength (side not noted). On 06/30/08 he was noted to have low back pain with right greater than left leg pain. Again, the test results are ambiguous. Notation indicates he has positive straight leg raising at L4/L5 and L5/S1 with diminished sensation and diminished strength. This does not localize as to which side the symptoms are on. On 03/01/08 the injured employee was having no benefit from treatment, and the exam findings are identical as on the previously reviewed notes. On 01/14/08, the straight leg raising is mostly improved at L5/S1 but is still present. This terminology is not consistent with the typical description of a positive straight leg raising test, and, therefore, it is unclear what he means by this. He has received decompressive surgery, and his lower extremity pain was much improved, but the back pain was still severe. Once again, there is ambivalence in

the notes, not stating which leg the symptoms were improved in. On 11/12/07 he notes that the injured employee was approved for a percutaneous discectomy. On 10/15/07 Dr. indicated that after three injections he had good pain relief, but now the pain had come back. He was being considered for work hardening on 07/10/07. On 06/20/07 he had completed three injections with 70% to 80% improvement in symptomatology initially. When he went back to work, he had severe pain and was taken off work again.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The records that I have been provided do not provide a history for this gentleman other than to indicate that the date of injury was on xx/xx/xx and involved his lower back. He apparently was found to have an L5/S1 disc herniation, although there is no CT scan or MRI testing, nor are there any electrodiagnostic studies available with which to corroborate the history. He apparently went on to have epidural steroid injections with some improvement, but then symptomatology returned. He had a Functional Capacity Evaluation at one point in time and went back to work, but the symptoms worsened, and he came back off of work. He has had varying degrees of low back pain and apparently bilateral leg pain. Test results have been ambiguous without reference to right or left-sidedness for his leg symptoms or neurological findings. A discogram and post discogram CT scan have been recommended.

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

There is too much ambiguity in the file in order to definitively state what this gentleman's condition is or may be. The recommendation for discogram is not, in my opinion, supported. Specifically, the ODG Guidelines do not recommend that. They have indicated, "In the past, discography has been used as part of the preoperative 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 and 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 findings of a high-intensity zone (HIZ) on MRI scan. Discography may be justified if the decision has already been made to correlate well with the finding of a high-intensity zone (HIZ) on MRI scan. 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 itself would not allow fusion)." The ODG Guidelines state that while it was not recommended, if a decision was made to proceed with discography, the following criteria should apply:

1. Back pain of at least three months' duration.
2. Failure of recommended conservative treatment including active physical therapy.

3. An MRI scan demonstrating one or more degenerated discs as well as one or more normal-appearing discs to allow for internal control injection (injection of a normal disc to validate the procedure by lack of pain response to that injection).
4. Satisfactory results from detailed psychosocial assessor (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.)
5. 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 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. Discography should be viewed as a nondiagnostic 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.
6. Briefed on potential risks and benefits from discography and surgery.
7. Single-level testing (with control).
8. Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for noncertification.

The file that I have reviewed does not contain the prerequisite data with which to make any conditional recommendation to perform discography and post-discography CT scan. There are no advanced imaging studies available to review. There is no evidence that he has had a psychosocial assessment.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).

_____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)