

MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

Notice of Independent Review Decision

DATE OF REVIEW: December 31, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Discography at L3-L4, L4-L5, and L5-S1

62290: Injection procedure for discography, each level; lumbar

72295: Discography, lumbar, radiological supervision and interpretation

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

REVIEW OUTCOME

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

Upheld (Agree)

PATIENT CLINICAL HISTORY

[SUMMARY]:

The patient is a xx-year-old male who was injured on xx/xx/xx. He was placing his bunker gear, estimated to be 65 lbs, and placing it on the truck when he had an immediate pain in his lumbar region extending down his legs.

In 2007, magnetic resonance imaging (MRI) of the lumbar spine revealed: (1) Small posterior annular tear at the L4-L5 disc with no significant disc protrusion or herniation. (2) Degenerative disc disease (DDD) at L5-S1 with mild diffuse annular bulge, but no nerve root involvement. The patient was treated with pain medications and physical therapy (PT).

In January 2008, , M.D., noted complaints of mid and low back pain and radiating pain in the bilateral posterior thighs and posterior lower leg. History was significant for prior injury in xx/xxxx. Examination revealed tenderness over the left and right posterior superior iliac crest, limited lumbar range of motion (ROM), sensory deficit in the L4 distribution bilaterally, and positive Kemp's on the right, straight leg raise (SLR) bilaterally, and Slump bilaterally. Dr. assessed lumbar radiculitis due to rupture of intervertebral disc (IVD) and displacement of lumbar IVD. He treated the patient with various medications including Tylenol No.3, Duragesic patch, etodolac, Vicoprofen, and Kadian and lumbar transforaminal epidural steroid injection (ESI) on two occasions. However, interventional pain management did not help relieve the pain. Dr. felt the patient was a candidate for disc replacement and recommended lumbar discography to determine the disc responsible for pain.

In May, the lumbar discogram was denied with the following rationale: *“Because of the questionable validity and accuracy, discograms are not recommended by the Official Disability Guidelines (ODG). Additionally, a discogram would give no information necessary to treat the individual. “An appeal for lumbar discogram was denied with the following rationale: “This same service was previously denied and since the original denial, there is no discernible documentation from the requester, which addresses the rationale on which the previous denial was based. The ODG do not recommend use of the discogram diagnostic. Based on these facts, the request as submitted is not reasonable and medically necessary.”*

In July, a review by an independent review organization (IRO) upheld the denials of discogram with the following rationale: *“As per the ODG, treatment index, fifth edition, 2008 (WEBB), and the low back – discography, this procedure is not recommended. In the past, discography has been used as part of the preoperative evaluation of patient’s for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies and discography have significantly questioned the use of discography results in a preoperative indication for either an Intradiscal electrothermal therapy (IDET) or a spinal fusion. These studies have suggested that reproduction of the patient’s specific back pain complaints on injection of one or more discs (concordance of symptoms) is of a limited diagnostic value. In addition, the findings of discography have not been shown to consistently correlate well with the findings of a high intensity zone (HIZ) on MRI. A positive discography was not highly predicative in identifying outcomes from spinal fusion. Finally, the lumbar MRI findings are relatively minimal and do not support the indication for further consideration of invasive treatment or presurgical diagnostic evaluation. Therefore, the original review outcome is upheld (agree).”*

On September 8, 2008, MRI of the lumbar spine revealed minimal changes at L4 and L5 on L5-S1. However, the radiologist felt that there might be a tiny pair of the posterior annulus at L4-L5 and L5-S1 and these could be symptomatic.

On September 23, 2008, , M.D., a neurosurgeon, stated the patient had returned after almost a year of maximal conservative treatment including PT and ESIs with temporary benefit. The patient was on Kadian, Lyrica, and bupropion and was at the point where he was facing chronic narcotic use. He reviewed the MRI and suspected likely annular tear at L4-L5 and some disc changes at L4-L5 and L5-S1. Dr. opined the patient would be a candidate for discogram to see if he was a candidate for artificial disc.

On October 23, 2008, the request for outpatient L4-S1 lumbar discogram with computerized tomography (CT) was denied with the following rationale: *There was lack of indication for surgery and therefore lack of indication for discography that has already been denied multiple times per ODG criteria. No rationale from provider refuting ODG. “*

In November, Dr. noted no change in patient’s condition and the patient reported muscle spasms and jerking movements in his legs. Dr. diagnosed discogenic syndrome and appealed for the discogram at L3-L4, L4-L5, and L5-S1.

On November 26, 2008, the appeal for lumbar discogram was denied with the

following rationale: *“The patient does not meet conditions for discogram. ODG do not recommend. Does not even meet the criteria listed in ODG if the non recommendation is ignored.”*

On December 4, 2008, Dr. issued a letter stating: *“I believe that this gentleman needs to undergo further diagnostic testing to determine the cause of and the best treatment option for his pain. I have ordered an L3-L4, L4-L5, and L5-S1 discogram. I have been advised by my staff that this diagnostic exam has been denied because of a conflict with ODG. However, review of the ODG reveals that for discogenic syndrome (722.2), discography is a covered CPT code under the new ODG treatment UR Advisor. I believe that the decision to deny this gentleman an option to help diagnose and treat his pain was made in error, and warrants further consideration.”*

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

The request for a discogram cannot be recommended as necessary in this case. The records were carefully reviewed and the discogram has been recommended by the treating physicians prior to surgery. The surgery that has been discussed is a disc arthroplasty. Lumbar disc arthroplasty remains investigational and unproven at this time. In addition, review of the MRI report shows minimal findings. As surgery does not appear to be warranted for this claimant, a discogram would not be indicated.

In considering the request for a discogram separate from the proposed surgery, the claimant does not appear to satisfy ODG recommendations. There has been no psychosocial screening in this case as recommended by ODG. The records also showed that this claimant has confounding issues of depression and stress that would put even more weight on the need for the psychosocial evaluation.

For reasons as stated the request for a discogram cannot be recommended.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES