

Independent Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: February 25, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of diskogram.

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)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Physical therapy notes 11/28/05 to 01/20/06

Office note of Dr. 06/21/06, 06/15/07

PM&R office note 08/16/06

X-rays 08/16/06

MRI 08/16/06

Office note of Dr. 10/6/06

X-rays lumbar spine 07/12/07

ESI 09/04/07

Office note of Dr. 10/08/07

Peer review 12/09/07, 12/21/07

Preauthorization report 12/05/05, 08/07/07, 12/10/07, 23/21/07

Prescription 11/03/05

Request for Surgery 11/14/06

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year old female who is employed as an xx. She reported that on xx/xx/xx she was injured when she lifted a gurney and felt a pop in the low back. She was initially treated with therapy that caused left leg pain and did not relieve her back pain.

The 08/16/06 x-rays with flexion/extension showed a grade II anterior subluxation of L5 on S1, spondylosis bilaterally at L5-S1 but no definite abnormal motion. A 08/16/06 MRI of the lumbar spine documented marked disc space narrowing at L5-S1, endplate changes and grade I spondylolisthesis with bilateral L5 spondylosis. There was L4-5 disc dessication and mild bilateral facet arthrosis.

On 10/16/06 Dr. neurosurgery, evaluated the claimant for 70 percent back and 30 percent left leg pain. She was taking ibuprofen. There was a history of diabetes with an insulin pump. The claimant denied a history of smoking. On examination there was full motion with pain on returning to upright. She was tender over the low back and left gluteal. Straight leg raise on the left caused pain down the leg to the foot. Femoral stretch was negative. Sensory was intact with hip flexion and knee flexion/extension strength 4/5 and patella reflexes 2 plus bilaterally and at the ankles 1 plus. The impression was spondylosis with spondylolisthesis at L5 as well as internal disc disruption at L4-5. He recommended PLIF at L4-5 and L5-S1.

On 07/12/07 x-rays of the lumbar spine showed spondylolisthesis at L5-S1 with no abnormal motion. Disc space narrowing was seen. She had an L5-S1 epidural steroid injection on 09/04/07.

The claimant was seen by Dr. on 10/08/07 for low back and left leg pain. Past treatment was noted to have been therapy, medications, and a TENS. The injection had not provided significant benefit. On examination the claimant was able to toe and heel walk. Left EHL strength was 5-/5 and the left Achilles reflex was diminished at ¼. Straight leg raise was negative and sensation was intact. Dr. recommended a new MRI and a discogram L3-4 and L4-5.

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

Having thoroughly reviewed the records in this case, the Reviewer's medical assessment is that the discogram is not recommended as medically necessary. The conclusions of recent high quality studies on discography have significantly questioned the use of this study as a preoperative indicator for spinal fusion.

Official Disability Guidelines Treatment in Worker's Comp 2008, Low Back-Discography

- 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)**