



DATE OF REVIEW: January 29, 2008

IRO Case #:

Description of the services in dispute:

Discogram L3-4, L4-5, L5-S1 (#77295).

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Neurological Surgery. This reviewer is a member of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons. The reviewer has completed training in both pediatric and adult neurosurgical care. This reviewer has been in active practice since 2001.

Review Outcome

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

Upheld

The discography is not medically necessary.

Information provided to the IRO for review

1. Prior reviews 12/28/007, 12/06/2007
2. MRI of the lumbar spine report 08/09/2006
3. Clinic notes Dr. 09/12/2007, 02/12/2007
4. Dr. clinic note 11/23/2007

Patient clinical history [summary]

This xx year-old male was injured xx/xx/xx in a lifting accident. He complains of low back and right leg pain. The patient has had physical therapy and epidural steroid injections. Neurological examination reveals mild weakness on the right of ankle dorsiflexion, toe extensors, and everters. There is decreased sensation in the right L5 distribution. MRI of the lumbar spine 09/11/2007 shows a right L4-L5 disc herniation with moderate right foraminal stenosis. There is also a right L5-S1 disc herniation.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The discography is not medically necessary. The provider states that the patient is suffering from a right L5 radiculopathy. From the imaging studies and exam, it appears the patient needs to be decompressed. A discogram is performed when fusion is considered (see reference below). There is very little mention, if any, of the nature of the patient's back pain and whether the provider feels that it is discogenic in nature. Also, there is no mention as to why a decompression alone would not suffice. If the provider is unsure as to whether the herniated disc at L5-S1 is causing the patient problems, then perhaps an EMG is indicated to look for an S1 radiculopathy.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG Treatment Guidelines "Low Back" chapter

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

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

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