

# **I-Decisions Inc.**

*An Independent Review Organization*

71 Court Street Belfast,  
Maine 04915 (207) 338-  
1141 (phone) (866)  
676-7547 (fax)

## **Notice of Independent Review Decision**

**DATE OF REVIEW: JANUARY 7, 2008**

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Discogram L2-S1 with CT

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

M.D., board certified Orthopedic Surgeon, board certified Spine 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**

1. Adverse Determination Letters of 11/29/07 and 12/20/07
2. Chiropractic, 12/04/07, 10/31/07, 10/15/07, 04/02/07, 06/07/07, 06/18/07, 09/28/05
3. M.D., 06/18/07, 06/20/07, 03/09/07, and 03/02/07
4. MRI scan of the lumbar spine, 08/03/07
5. MRI scan of the lumbar spine, 03/29/07
6. MRI scan of the lumbar spine, 11/30/04
7. M.D., 02/01/07
8. M.D., 03/24/06
9. M.D., 12/20/07
10. M.D., 11/15/05, 10/25/05
11. Health, 11/14/05 and 11/11/05
12. FAE, 11/11/05

13. D.O., 11/08/05

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is an approximately xx-year-old female with a reported injury of xx/xx/xx. She had a previous lumbar fusion performed at L4/L5. There was a preoperative discogram for this procedure. She subsequently underwent removal of the lumbar instrumentation and had apparent increase in her pain. However, post surgical procedure imaging studies have not revealed a pseudoarthrosis. It is stated in the notes of Dr. 06/18/07, "We are trying to determine if the patient is a surgical candidate."

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

The medical records, while indicating increased pain after removal of instrumentation, do not indicate a reason for the same. Apparently the MRI studies that have been performed did not reveal pseudoarthrosis and have not revealed significant morphologic pathology. The MRI scan of 05/03/07 does not reveal any significant breakdown of the discs above and below the fusion but rather a bulge at L2/L3. The MRI scan of 03/29/07 reveals facet arthropathy at L2/L3 and L3/L4, no evidence of herniated discs or foraminal stenosis seen, and the subsequently reported disc bulge is not mentioned on this particular study. Therefore, based upon the MRI scan findings, there is no evident morphologic pathology that would require further study with provocative discography. The ODG Guidelines do not support provocative discography in this type of situation due to the multiple recent studies authored by Resnick and Bigos that do not indicate that discography is predictive of a surgical outcome. Discography is generally considered useful in planning the extent of surgery, not the necessity for surgery. Given that there is no evidence on the MRI scans or based upon the physical examination that surgery is necessary, the use of provocative discography in this circumstance is not currently recommended.

**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 Physician Statement on Provocative Discography)**