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Notice of Independent Review Decision

DATE OF REVIEW: July 2, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient lumbar discogram at L3-4, L4-5, L5-S1 to include CPT codes 72131, 72295, 62290.

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

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of Pain Management

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

Medical records from the URA include:

- Official Disability Guidelines, 2008

- Management Fund, 05/21/08, 05/27/08, 05/29/08, 06/05/08
- 11/15/02
- Diagnostic Radiology, 12/21/07
- M.D., 01/24/08, 02/14/08, 04/08/08, 05/20/08, 05/21/08, 05/29/08, 06/17/08
- 06/03/08

Medical records from the Provider include:

- Diagnostic Radiology, 12/21/07
- M.D., 02/14/08, 04/08/08, 05/20/08, 06/17/08

PATIENT CLINICAL HISTORY:

This is a male who sustained a work related injury involving the lumbar spine on xx/xx/xx secondary to a lifting type mechanism. Subsequent to the injury, the patient has undergone conservative treatment consisting of physical therapy, medication management, and interventional pain management injections (bilateral L4 transforaminal epidural steroid injections).

A lumbar MRI performed on December 21, 2007 revealed a small posterior annular tear at the L4-5 disc with no significant disc protrusion/herniation; degenerative disc disease at L5-S1 with mild diffuse annular bulge, however, no nerve root involvement.

Reportedly, following the above interventional pain management injections, the patient improved with a VAS score of 0/10 (100% improvement in pain). The medication management appears to be limited to Darvocet. In addition, the patient was referred to a neurosurgeon for possible consideration of disc replacement surgery. However, the patient wanted to avoid extended time off work, therefore, he pursued a repeat lumbar epidural steroid injection. Following this, the patient responded favorably as with prior injections.

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

As per the Official Disability Guidelines, Treatment Index, 5th Edition, 2008 (Webb), under Low Back – Discography, this procedure is not recommended. In the past, discography has been used as part of the pre-operative 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 pre-operative indication for either an IDET or 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 pre-surgical diagnostic evaluation. Therefore, the original review outcome is upheld (agree).

The guideline references used are the Official Disability Guidelines, Treatment Index, 5th Edition, 2008.

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)